

Invoice for Payment

Lakewood City Schools Community Recreation and Education Department

1456 Warren Road
Lakewood, OH 44107
216-529-4081

Week ending: _____

Official/Scorer Information (MUST BE COMPLETED)

Name: _____
Supervisor: _____
Phone: _____
Address: _____
City/Zip: _____
E-mail: _____

Day	Date	Position	Check Where Applicable			Location & Division	Time	Rate of Pay Per Game	Total Pay
			Full Game	Forfeit	Rainout				
Sunday							\$45.00/gm		
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Total									

I acknowledge that when I am employed as an umpire/scorer for the Lakewood Community Recreation & Education Department within the Lakewood City Schools that I am an independent contractor, not an agent. I further declare that all information provided on this sheet is true and accurate.

Official/Scorer signature Date

Supervisor signature Date