



# Request for Officials Funding/Reimbursement

Date: \_\_\_\_\_

Official: \_\_\_\_\_

Purpose  Shadow  Mentor  Clinic

Location/Event: \_\_\_\_\_

Location/Event Dates: Start \_\_\_\_\_

End \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Has RTC Funding Been Requested: \_\_\_\_\_ Yes/No

What will be gained by granting this request?

Prior to Requesting Funding, please review the IBRA Officials Development Program Guidelines.

For office use only

**Funding Request Approvals**

IBRA Officials Coordinator: \_\_\_\_\_

IBRA Officials Assignment Committee: \_\_\_\_\_

IBRA Board of Directors: \_\_\_\_\_

**Payment Approvals**

IBRA Officials Coordinator: \_\_\_\_\_