

**COLONIAL LEAGUE FOR INTERSCHOLASTIC SPORTS, INC
PLAYOFF EXPENSE CHECK DISTRIBUTION REPORT**

QUARTER / SEMI / FINAL (Circle One)

Sport: _____

Location: _____

Date: _____

Person's Name or Facility's Name /Address		Description of Expense	Amount to be paid by ARBITER	Amount to be paid by LEAGUE CHECK	Signature of Person Receiving Payment
Name					
Address					
City/Zip					
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City/Zip					
		TOTALS:			

GAME MANAGER SIGNATURE: _____

DATE: _____