

United States Power Soccer Association  
1416 Shell Flower Drive  
Brandon, FL 33511

# Invoice

Bill To:
ALL USPSA REFEREES

Date	Invoice No.	P.O. Number	Terms	Project
2019-2020 Season				

Item	Description	Quantity	Rate	Amount
Ref Insurance	Referee Insurance  Please make check payable to USPSA and mail to 1416 Shell Flower Dr. Brandon, FL 33511  Thank you!		25.00	25.00
Coverage begins upon receipt of premium. Please remit to above address.			Total	\$25.00