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| mzrkl logo 182-182.jpg | **ŽENSKA JADRANSKA KOŠARKAŠKA ASOCIJACIJA - WABA LIGA**Bulevar Kulina Bana 30A72000 ZenicaBosna i Hercegovinaemail: office@waba-league.com[www.waba-league.com](http://www.waba-league.com) |

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| **WOMEN ADRIATIC BASKETBALL ASSOCIATION - WABA LEAGUE** **ŽENSKA JADRANSKA KOŠARKAŠKA ASOCIJACIJA - WABA LIGA** | **OBRAČUN TROŠKOVA****TRAVELLING EXPENCES FORM FOR REFEREES & COMMISIONER****Broj utakmice / Game no.** \_\_\_\_\_\_\_\_\_ **Kolo / Round:** \_\_\_\_\_\_\_ **Datum / Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Team A:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Team B:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (domaći klub / Home Team) (gostujući klub / Away Team)**Mesto / City** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dvorana / Venue:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Vreme / Time:** \_\_\_\_\_\_\_\_\_

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| **Prvi sudija / Referee:** |  | iz / from: |  |
| Adresa / Adress: |  | putni troškovi / trawel expenses: |  |
| JMBG / UCMN: |  | taksa / taxes: |  |
| Potpis / Signature: |  | Ukupno / Total: |  |

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| **Sudija / Umpire 1:** |  | iz / from: |  |
| Adresa / Adress: |  | putni troškovi / trawel expenses: |  |
| JMBG / UCMN: |  | taksa / taxes: |  |
| Potpis / Signature: |  | Ukupno / Total: |  |

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| **Sudija / Umpire 2:** |  | iz / from: |  |
| Adresa / Adress: |  | putni troškovi / trawel expenses: |  |
| JMBG / UCMN: |  | taksa / taxes: |  |
| Potpis / Signature: |  | Ukupno / Total: |  |

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| **Delegat / Commiss.:** |  | iz / from: |  |
| Adresa / Adress: |  | putni troškovi / trawel expenses: |  |
| JMBG / UCMN: |  | taksa / taxes: |  |
| Potpis / Signature: |  | Ukupno / Total: |  |

 **Klub/Team** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ isplatio je / payed to  **Prvom sudiji / Referee** \_\_\_\_\_\_\_ **Drugom sudiji / Umpire 1** \_\_\_\_\_\_\_ **Trećem sudiji / Umpire 3** \_\_\_\_\_\_\_ **i delegatu / and commissioner** \_\_\_\_\_\_\_ . **Ukupno / Total:** \_\_\_\_\_\_\_\_\_\_ . ŽKK / WBC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Delegat /Commisioner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Potpis / Signature Potpis / Signature***Poslati najkasnije 24 sata po odigranoj utakmici / Must be submited within 24 hours after the match:*****office@waba-league.com** \* **commissioner@waba-league.com**Strana / Page 1/1 |