

Virginia Amateur Hockey Association (VAHA)

EXPENSE REIMBURSEMENT FORM

DATE: _____

NAME: _____

PHONE: _____

METHOD OF RECEIVING PAYMENT (check one):

_____ LEAVE CHECK IN MAILBOX IN COACHES' ROOM:

**PROVIDE TEAM LEVEL (Mini-Mites, Mites, Etc.) _____

_____ MAIL CHECK

** PROVIDE MAILING ADDRESS: _____

EXPENSE INFORMATION:

DATE	DESCRIPTION	AMOUNT
<i>BE SURE TO ATTACH RECEIPTS! THANK YOU!</i>		
	TOTAL	

Submit completed form, with attached receipts, in Treasurer's Mailbox in Coaches' Room
OR mail to P.O. Box 511, Virginia, MN 55792

All requests will be paid within 30 days upon proper submission & VAHA review/approval.

Any Questions? Contact:

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