

Canton Victory Hockey Association  
Team Expense Reimbursement  
Payment Request Form

DATE: \_\_\_\_\_

AMOUNT: \_\_\_\_\_

PAY TO THE ORDER OF: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

EXPENSE WAS PAID TO: \_\_\_\_\_

DATE PAID: \_\_\_\_\_

PURPOSE FOR EXPENSE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**\*\*\*ALL RECEIPTS MUST BE ATTACHED FOR REIMBURESMENT\*\*\***

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For CVHA Team Use Only

CIRCLE ONE:        APPROVED    --OR--    DISAPPROVED

If Disapproved – Why? \_\_\_\_\_

Approved/Disapproved By: \_\_\_\_\_

Check Number: \_\_\_\_\_ Date: \_\_\_\_\_

Check Issued By: \_\_\_\_\_

Account To Be Posted: \_\_\_\_\_