

# Kalamazoo Optimist Hockey Association

## Check Request

Team Name \_\_\_\_\_

Date Submitted \_\_\_\_\_

### Tournament Request

Dates of Tournament	Tournament Company and Location	Remit Check to: Name and Mailing Address	Total

Mail Check to (check one):    Tournament Company        Manager:   

Dates of Tournament	Tournament Company and Location	Remit Check to: Name and Mailing Address	Total

Mail Check to (check one):    Tournament Company        Manager:   

### Other Check Request (Include a copy of receipt for each entry)

Description	Hotel Room	Equipment	Other Expense	Total
Check remitted to and address:				

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Check remitted to and address:				

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Check remitted to and address:				

TOTALS				
<b>Total Amount of Voucher</b>				

I hereby certify that all items of expense included in this statement were incurred in the discharge of authorized official business; That the amounts are correct; and that they represent proper charges against the KOHA.

Signed \_\_\_\_\_ Print name: \_\_\_\_\_

Approved \_\_\_\_\_

KOHA Division Director

Office use only
