

Richmond Jets Minor Hockey Association



Course Reimbursement

Please attach copies of receipts to this expense claim and drop into our mailbox in the lobby at Richmond Ice Centre. If seeking reimbursement of Coach 2 or Dev 1 Clinic registration fees, please enclose a copy of the Verification of PostTask signed by an authorized Richmond Jets MHA official.

Name

Date

Address

Phone Number

Email

Position With Team

Division

Date Completed

Course Name

Amount

Total

I verify that I have completed the above course(s), that they were needed in order to fulfill my role with a RJMHA team and request Richmond Jets MHA reimbursement.

Signature _____