

LILLOOET AND DISTRICT MINOR HOCKEY ASSOCIATION

EXPENSE REIMBURSEMENT REQUEST FORM

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| NAME: |
| CONTACT # |
| EMAIL (for e-transfers) |

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| DATE | DESCRIPTION | AMOUNT |
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Receipts required for reimbursement

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| TOTAL CLAIM |

THIS IS TO CERTIFY THAT THE AMOUNTS SHOWN ON THIS STATEMENT WERE INCURRED BY ME ON BEHALF OF LILLOOET AND DISTRICT MINOR HOCKEY ASSOCIATION. I UNDERSTAND THAT PRIOR APPROVAL IS REQUIRED BY THE PRESIDENT OR TREASURER IN ORDER TO BE REIMBURSED.

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| Claimant Signature: | Date: |

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| Remittance -Administration Use Only |
| Method of Payment: Date: |
| Approved: |