Coaches Reimbursement Form

(for Courses and Clinics)

Please complete this form fully, attach receipts and supporting documents. Sign, date and email into: **coachreceipts@airdriehockey.com**

|  |  |
| --- | --- |
| **Make Cheque Payable to:** |  |
| **Phone # and Email for E-transfer to be sent to:** |  |
| **Team and Position:** |  |

**Summary of charges**

|  |  |  |
| --- | --- | --- |
| Date (m/d/y): | Description: | Amount: |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | ***(Receipts must accompany all requests for Reimbursement)*** |  |
|  |  | **GST** |  |
|  |  | **TOTAL** |  |

|  |  |
| --- | --- |
| **Signature of Submitter** |  |
| **Date** |  |

**For AMHA Use Only**

|  |  |
| --- | --- |
| G/L Account |  |
| Date Paid |  |
| Cheque # or Etrf |  |
| Total Amount Paid |  |
| Entered into QuickBooks |  |