AMHA Coach Course Reimbursement Form

Please complete this form fully, attach receipts and supporting documents.

Sign, date and email into: **coachreceipts@airdriehockey.com**

|  |  |
| --- | --- |
| **Full Name of Coach:** |  |
| **Email to receive E-transfer:** |  |
| **Birthdate to verify in Hockey Canada Registry:** |  |
| **Team and Position:** |  |
| **Date submitting the receipt for payment:** |  |

**Summary of charges**

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

**For Accounting Use Only**

|  |  |
| --- | --- |
| G/L Account |  |
| Date Paid |  |
| E-transfer amount |  |
| Entered into Quick books |  |