EXAMPLE

Approved by

CNN Spurs Minor Hockey Association

Reimbursement Form

| Payee Name | CNN Spurs Atom A Team | | | | | | Date Submitted | 23 | /09/2013 |
|---------------------|---------------------------------|----------------|----------------|-----------|----|---------|----------------|-------|----------|
| Submitted By | John Smith, Atom A Treasurer | | | | | | - | | |
| Phone Number | 780-255-1234 | = | | | | | | | |
| Email address | john.smith@gmail.com | | | | | | | | |
| Date | Descripton | | R | Ref fees | | Clinics | Other | TOTAL | |
| 30/09/2013 | Referee receipts | | \$ | 100.00 | | | | \$ | 100.00 |
| | • | | | | | | | | |
| 07/09/2013 | Coach level 1 | | | | \$ | 120.00 | | \$ | 120.00 |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| | | | \$ | 100.00 | \$ | 120.00 | | \$ | 220.00 |
| | | | Ψ | 100.00 | Ψ | 120.00 | | Ψ | 220.00 |
| lotes | | | | | | | | | |
| Jse this form to re | | TOTAL | \$ | 220.00 | | | | | |
| referee receipts w | vill be reimbursed only after a | ııı team docum | ents have been | receivea. | | | | | |
| Diagon officeh roo | eipts and submit to the CN | N Treasurer fo | or reimbursen | ent | | | | | |

Payment details

CNN Spurs Minor Hockey Association

Reimbursement Form

| Payee Name Submitted By | | | | Date Submitted | | |
|--|-----------------------------------|---------------------------|-----------------|----------------|-------|--|
| Phone Number Email address | | | | | | |
| Date | Descripton | Ref fees | Clinics | Other | TOTAL | |
| | | | | | | |
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| | | | | | | |
| Notes | | | | | | |
| Notes Use this form to reimburse | | TOTAL | | | | |
| Referee receipts will be re | mbursed only after all team docum | nents have been received. | | _ | | |
| Please attach receipts ar | nd submit to the CNN Treasurer | for reimbursement | | | | |
| CNN Use only | | | | | | |
| Approved by | | | Payment details | | | |