

**Coach Reimbursement Form**

**(for Courses and Clinics)**

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

|  |  |
| --- | --- |
| **NAME** |  |
| **TEAM & POSITION** |  |
| **EMAIL FOR ETRANSFER** |  |

**Summary of charges**

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

**APPROVAL**

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