

Grande Prairie Minor Hockey Association

Expense Reimbursement Form

Send to: accounting@gphockey.com

Name _____

Email address for e-transfer repayment _____

Division _____

Team name _____

Date submitted _____

<u>Date Paid</u>	<u>Vendor</u>	<u>Description</u>	<u>Expense \$</u>	<u>GST \$</u>	<u>Total \$</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**All expenses should be pre-approved in advance by GPMHA office or Treasurer*

**When possible, the GPMHA office should pay vendor directly*

**All receipts must accompany expense reimbursement form*

Signature of person getting reimbursed _____

Approved by team manager or head coach _____
(cannot approve your own expense form)

GPMHA Office Use ONLY

Approved by GPMHA office _____

Date Paid _____

GL Coding _____

**e-transfer reiburemsent will be made within 2 weeks of receiving completed expense reimbursement form*