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 ______________________________

Date Paid	Vendor	Description	Expense $	GST $	Total $

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