



Hamilton Girls Hockey Association  
510 Concession St. P.O. Box 80030  
Hamilton, Ontario L9A 1C0  
[www.hgha.ca](http://www.hgha.ca)

REQUEST FOR REIMBURSEMENT

DATE: \_\_\_\_\_

Please Issue a Reimbursement Cheque to:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TEAM: \_\_\_\_\_

Reason for Reimbursement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount to be Reimbursed: \_\_\_\_\_

\_\_\_\_\_

Total Cheque Amount \_\_\_\_\_

Please Attach Original Receipts to this Form

\_\_\_\_\_  
Signature of Requisitioner

\_\_\_\_\_  
Signature of HGHA Executive Member