



Medicine Hat Ringette Association
Request for Reimbursement of Expenses

Receipts Attached

Date of Request: _____

Total amount of e-transfer to be issued: \$ _____

Email address for e-transfer: _____

Name: _____

Reason for Reimbursement: _____

Date e-transfer sent: _____

Expense Reimbursement Maximums

Hotel Room	\$150.00 per night (including taxes)
Mileage	.40 per km
Breakfast	\$7 per day
Lunch	\$10 per day
Supper	\$18 per day