

# Ponoka Minor Hockey Expense Claim Form

Name (Cheque will be payable to this person)

---

Address Cheque to be mailed to:

---

---

---

Date Submitted to:

---

Name of Supplier	Purpose of Expense		Amount Paid
Total			

Please ensure you attach all expense receipts to this claim form.

Approved

---

Note: Expenditure should be approved by a coaching director or other appropriate board member