

Owatonna Youth Hockey Association  
P.O. Box 76  
Owatonna, MN 55060



Coaches

**REQUEST FOR REIMBURSEMENT**

Please reimburse me for the following items I purchased or paid for on behalf of OYHA:

PURCHASE DATE	ITEM DESCRIPTION	AMOUNT	RECEIPT MUST BE ATTACHED	Tourney expense?

- I understand that I will not be eligible for full reimbursement unless I attach receipts for all above listed expenses.
- If this is a reimbursement for a tournament registration fee, I have included the phone number of the sponsoring organization for verification purposes.
- I understand that tournament reimbursements are \$600 per tournament (if over 75 miles away) ***per team***.
- Away games are not reimbursed.

**Print Name:**

**Address:**

**City State Zip:**

**Phone Number:**

**Signature:**