



Dover Youth Hockey Association Member Reimbursement Form

Please refer to the DYHA Program Guide on our website for expenses eligible for reimbursement.

Date Submitted			
Member Name			
Address			
City/State			
Telephone #/Email			
Date of Expense	Vendor/Supplier	Reason	Amount
Total			

Comments: _____

Reimbursement Type (check one): Tuition Credit Check

Submitter Signature: _____ Date: _____

DYHA Treasurer: _____ Date: _____

DYHA President: _____ Date: _____

President approval required for requests that are 1) over \$500, 2) outside of reimbursement policy or 3) submitted by the Treasurer. Original receipts must accompany completed form.