



Triad Hockey Alliance Reimbursement Form

Requested By: _____ Date: _____

Address: _____ Zip: _____

Phone: _____

Please check:

☐ Request Reimbursement **OR** ☐ Request Payment of Invoice to:

If submitting reimbursement for several budgeted projects, list separately.

Attach supporting documentations:

Receipts - Must be original receipt and include the date and description of item purchased.

Highlight or circle items included in reimbursement request.

Invoice - Original vendor invoice must be marked paid if reimbursement is being made to someone other than the vendor.

Amount	Budget Category	Description/Purpose of Expenditure

Total \$0.00

I hereby certify that the expenses listed above are correct and were incurred solely for the purpose described above.

Signature of person requesting reimbursement:

Date:

Authorized by: Financial Coordinator Signature

Date:

Submit Completed form to:

Jacob Dahlin
THA Accounting Coordinator
jacobdahlin@msn.com

FOR ACCOUNTING COORDINATOR'S USE ONLY:

Check Number: _____ Date Paid: _____

Other Information: _____

Treasurer's Signature: _____ Date: _____

Revised: 7/1/2016