



BLAINE YOUTH HOCKEY ASSOCIATION

9250 LINCOLN STREET NE | BLAINE MN 55434 | BYHA.ORG

Expense Reimbursement Request Form

Please fill out this form in its entirety and submit to BYHA Treasurer at Treasurer@byha.org for processing and payment. Include receipts or proof of purchase. Submit form electronically via email, pdf scans or hard copy delivered to the BYHA Treasurer mail slot at Fogerty Arena. No photo files or screenshots please.

Expense Description	Amount	Program (Girls, Boys, InHouse, General)	Team (if applicable)
Total Reimbursement:			

Payable to: _____

Mailing Address: _____

City, State, Zip: _____

Notes:

Requestor Name: _____ Request Date: _____

Requestor Email: _____ Phone: _____

BYHA Internal Processing Only

Authorized by: _____ Completed by: _____

Ref # or Check #: _____ Payment Date: _____

Notes: