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**Ely Blue Line Youth Hockey**

**Expense Reimbursement Form**

**Instructions:** Complete this form and return **WITH RECEIPTS** To Ely Blue Line Treasurer. You can put your completed form and receipts in the dropbox at the arena or mail to:

Ely Blue Line, ATT: Treasurer

PO Box 516

Ely, MN 55731

Please do not leave reimbursement forms with Arena Staff or at concessions.

**Payee Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Travel Expenses** | | | | | | |
| Date | To | From | Mileage Total (miles x $.66) | Reason for travel | Lodging  (Receipt Required | Total |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Subtotal** | | | | | |  |
| **Other Expenses** (Provide Receipts) | | | | | | |
| Date | Expense Description | | | | Amount | |
|  |  | | | |  | |
|  |  | | | |  | |
|  |  | | | |  | |
| **Subtotal** | | | | |  | |

**Total Reimbursement: $** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Certification of Expenses:**

I certify that the expenses listed in the above tables are true and accurate in all respects. I certify that all expenses were incurred while conduction business associated with the Ely Blue Line Youth Hockey association and not for personal purposes.

Signature Date