



Coaches Hotel Reimbursement Form

Date: _____

Coaches Name: _____ Team: _____

Tournament Location: _____ Dates: _____

Hotel Costs: Night 1 Charge: _____

Night 2 Charge: _____

Total Hotel Cost: _____

**** In order to be reimbursed for hotel expenses, you must include a copy of the receipt from the hotel. The WHA will only pay actual costs (room, taxes, fees) up to \$130 per night based on the current policy for coaches and assistant coaches. This policy can be found in the coach's manual ****

Coaches Signature: _____ Date: _____

WHA Use Only

Received by WHA Treasurer: _____

Paid by the WHA Treasurer: _____ Check #: _____

WHA Treasurer's Signature: _____ Date: _____