

Santa Fe Hockey Association
Reimbursement Request for Authorized Purchases

NAME: _____ TEAM: _____

PHONE # _____ EMAIL: _____

DATE OF PURCHASE: _____

ITEM(S) OR SERVICE(S) PURCHASED:

REIMBURSEMENT AMOUNT REQUESTED: _____

SIGNATURE: _____ DATE: _____

All expenditures on behalf of the Association must be approved by a Board Member prior to making any purchase(s). Expenditures in excess of \$250 will require approval of the Board President or Board Treasurer.

An itemized receipt must be included with this request. Receipt should show the business name, transaction date, item(s) purchased, amount of purchase, and method of payment.

Completed Reimbursement requests may be submitted as an email attachment to treasurer@santafehockey.com or mailed to: Santa Fe Hockey Association, 3201 Zafarano Dr, Suite C, Box 293, Santa Fe, NM 87507.

ASSOCIATION USE ONLY:

DATE RECEIVED: _____ DATE PAID: _____

CHECK #: _____

APPROVED BY: _____