

Miles City Youth Hockey Association Reimbursement Form

All expenditures on behalf of MCYHA must be approved by the MCYHA President or Vice President prior to purchase. Travel expenses will be reimbursed as outlined in the MCYHA Handbook. This form and receipt(s) must be provided for reimbursement to the MCYHA Treasurer via P.O. Box 493, Miles City, MT 59301 or emailed to alancaster0710@gmail.com.

Date Submitted: _____

Name: _____

Mailing Address: _____

Cell Number & Email: _____

Expense Reason: _____



Approved By: President Vice President Board Minutes Travel/Officiant

Date	Description of Purchase	Amount Due:

Travel Expenses

# of Nights	Lodging Rate/night	Lodging Total	# of Miles (Roundtrip)	Mileage Rate	Mileage Total:	Misc. Expense	Amount Due:
				\$0.28/mile			

Referee & Linesman Rates

	Mite	Squirt	Peewee	Bantam	Girls U14	Girls U19	HS
Referee	\$20.00	\$30.00	\$40.00	\$45.00	\$35.00	\$45.00	\$55.00
Linesman			\$25.00	\$30.00			\$35.00

Date	Teams Officiated	Rate Due:

Treasurer Use Only Check Number: _____ Amount Paid: _____ Date Issued: _____