

# Lakeshore Youth Hockey Organization

## Request for Reimbursement



Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I am requesting reimbursement for the following items: Please list each item separately and be specific: (Example– Level 1 Coaching Clinic in Lansing on 1/1/2023).

| <u>Item(s) to be reimbursed for:</u> | <u>Amount</u> |
|--------------------------------------|---------------|
| _____                                | _____         |
| _____                                | _____         |
| _____                                | _____         |
| _____                                | _____         |
| _____                                | _____         |

Total Reimbursement \$ \_\_\_\_\_

\_\_\_\_ Please reimburse me via check to the address listed above.

\_\_\_\_ Please reimburse me via credit towards an outstanding hockey invoice.

Player Name \_\_\_\_\_

Please be aware that all non-budgeted items require Board approval BEFORE they may be reimbursed. Only individuals authorized to make purchases or claim reimbursement on behalf of the Lakeshore Youth Hockey Organization will be allowed to claim reimbursement. Unauthorized purchases will not be reimbursed.

Please attach your original receipt to this form and return it to the LYHO office or submit all documents via email within 30 days of the date the expense incurred.

Email: LYHO Treasurer at: [treasurer@juniorlumberjacks.com](mailto:treasurer@juniorlumberjacks.com)

\_\_\_\_\_

Internal use:

Approved by \_\_\_\_\_

Check# \_\_\_\_\_