



Tri-County Youth Hockey

of Orleans, Monroe & Genesee counties
P.O. Box 156, Brockport, New York, 14420

Reimbursement Request Form

Make check payable to: _____

Date	Item	Place of Purchase	Amount Requested
			\$
		Total	\$

Team Name: _____

Explanation: _____

If check is to be mailed, where should it be sent?

Address _____

City _____ Zip _____

Signature _____ Date _____

(For the treasurer's use only)

Date	Check #	Team	Date check mailed	Amount
				\$

Received By: _____

On: _____