



Kenai Peninsula Hockey Association
Reimbursement Request Form

NAME: _____

ADDRESS: _____

REASON FOR TRIP: _____

BOARD MEMBERS ONLY- All board member reimbursement requests must be approved through the annual budget or have prior board approval

Expenses	Dates	Details	Amount
Transportation		<input type="checkbox"/> Air <input type="checkbox"/> Taxi <input type="checkbox"/> Rental car <input type="checkbox"/> Other	
Mileage (declare rate)		<input type="checkbox"/> Amount based on government rate (ASHA Board Meetings) X _____miles = <input type="checkbox"/> \$.14 volunteer rate x _____miles =	
Lodging			
Background Check			
Other			
Total amount for reimbursement			\$

COACHES ONLY - All coaching reimbursement requests must be approved through the annual budget or have prior board approval

Expenses	Dates	Details	Amount
Mileage*		<input type="checkbox"/> \$.14 volunteer rate x _____miles =	
Lodging*			
Background Check			
USAH Registration			
Coaching Module			
Other			
Total amount for reimbursement			\$

* Reimbursement requests for mileage and hotel are only available to Head Coaches who do not have a child on their team. Reimbursements are capped at a maximum of \$2000.00/season.

VOLUNTEERS ONLY - All reimbursement requests must be approved through the annual budget or have prior board approval

Expenses	Dates	Details	Amount
Background Check			
Other			
Total amount for reimbursement			\$

Signature: _____

Date: _____

Please attach all receipts for listed expenses to an 8 ½ x 11 sheet of paper. Sign and date form, attach to front of supporting documents and submit to the KPHA/Lucky Puck office within 15 days of completion of travel to be eligible for reimbursement.
KPHA Treasurer contact email is kphatreasurer@kpha907.net

FOR STAFF USE

Process Date: _____ Check #: _____ Staff Initials: _____ Exp. allocated to: _____ team