

Expense Reimbursement Request

This form is utilized to inform the Saugerties Youth Hockey Association Executive Board of any expenses incurred on behalf of SYHA that require reimbursement.

*****PLEASE DO NOT USE THIS FORM FOR COACHING/VOLUNTEER BACKGROUND CHECK OR CERTIFICATION REIMBURSEMENT.*****

* Required

1. Name of Person Completing Form * _____
2. Date Form Completed * _____
3. Phone Number * _____
4. Email Address * _____

Reimbursement Information

Information for person to be reimbursed.

5. Name of Person to Receive Reimbursement * _____
6. Role in SYHA for 2018/2019 season * (Check all that apply)
 - ☐ Board Member
 - ☐ Coach
 - ☐ Team Manager
 - ☐ Volunteer
 - ☐ Other: _____
7. Phone Number (if different from above) _____
8. Email Address (if different from above) _____
9. Make Reimbursement Check Payable to * _____
10. Reimbursement Check Processing * (Mark only one oval)
 - ☐ Mail Check to Address Below
 - ☐ Leave Check at Kiwanis Ice Rink Rental Office
 - ☐ Other: _____
11. Mailing Address _____

Expense Information

Details of expense to be reimbursed.

12. Description of Expense (if this expense includes multiple purchases, please list each individual purchase). *

13. Total Amount of Expense * \$_____

14. Was this expense pre-approved by the SYHA Board? * (Mark only one oval)

- ☐ Yes
- ☐ No

15. If pre-approved, did you receive approval via letter, email or verbally? If verbally, by who and on what date? _____

16. Please provide any receipts, invoices, packing slips or other expense related paperwork. Please leave these items in the SYHA drop box in an envelope that is clearly labeled as to the contents and leave a comment below.

17. Additional Comments or Information
