



FYHA Reimbursement Request Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

I purchased the following items or services for use in my role with Farmington Youth Hockey Association. The listed purchases have been approved reimbursable expenses as stated by FYHA. If not standard board approved expenses I have obtained the signature of the level/program coordinator for approval below. *All original receipts are submitted with this form.* I fully understand that the entire reimbursement may be denied if proper approval and/or receipts are not documented.

Description of Purchase	Amount
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
Total	\$

Signature: _____ Date: _____

If additional authorization by FYHA is required

FYHA Signature: _____ Title: _____ Date: _____