



## 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"/> \$.58 government rate (ASHA Board Meetings) x _____ miles <input type="checkbox"/> = \$.14 volunteer rate    x _____ miles =	
Lodging			
Background Check			
Other			
<b>Total amount for reimbursement</b>			\$

**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			
<b>Total amount for reimbursement</b>			\$

\* 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			
<b>Total amount for reimbursement</b>			\$

**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.

**FOR STAFF USE**

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