

MUSTANG HOCKEY ASSOCIATION

CHECK/REIMBURSEMENT REQUEST

Person requesting Check/Reimbursement Contact Information

Date of the Request:
Name:
Address (including street, city, state & zip):
Best contact phone:
Email:
Make Check Payable To:
If reimbursement is for team expenses, please include team:

DESCRIPTION OF EXPENDITURES:			
DATE:	VENDOR NAME & ADDRESS	ITEM DESCRIPTION/PURPOSE	AMOUNT REQUESTED

BE SURE TO INCLUDE **ALL INVOICES** WITH THIS REQUEST. IF YOU ARE REQUESTING PERSONAL REIMBURSEMENT TO BE MADE, A COPY OF THE **SALES RECEIPT** MUST BE ATTACHED TO THE REQUEST. NOT FOLLOWING THE PROPER PROCEDURES WILL RESULT IN A DELAY TO REIMBURSEMENT.

Submit completed forms and required documentation to:

MHA
PO Box 773904
Eagle River, AK 99577

Or email forms to MHA Treasurer Jennifer Kerr at treasurer@mustanghockey.com

FOR MHA USE ONLY:

Approved by:
Check Number and Date:
Account/Class: