



REIMBURSEMENT FORM

This request form **MUST** be completed for each request for reimbursement for any items which have not been paid the St. Paul & District Minor Hockey Association. **All supporting invoices, sales slips, information and justification and/or explanations must be attached to this request** before forwarding to the Association's Treasurer for payment.

Who is requesting? _____

Cheque Amount: _____

Date: _____

Purpose of Request: _____

CHEQUE DETAILS

Cheque Payable To: _____

Address: _____

City/Town: _____

Province: _____

Postal Code: _____

ASSOCIATION USE ONLY

Cheque #: _____

Approval: _____