



Team Manager Expense Reimbursement

Team Manager Name _____

Date Requested _____

Team/Level _____

Season _____

Date	Description	Account	Amount
TOTAL			\$ -

Team Manager Signature _____

Date _____

Treasurer Signature _____

Date _____

Team Accounts Listing
7000.01 Gate Fees/Tournament Expense
7000.02 Coaches Travel Expense
7000.03 Team Meals/Parties
7000.04 Refs for Scrimmages (1099)
7000.05 Fundraising Expense
7000.06 Player Items
7000.07 Misc team expenses
7000.08 Scrimmage Expense

Check # _____

Date Paid _____

Please attach all receipts. If there is no receipt, please include a copy of the cancelled check and/or a portion of your redacted bank statement. Reimbursement Checks to Team Managers must be signed by the Treasurer.

Questions? Please contact Beth Rich, SLPHA Treasurer, at treasurer@slphockey.com or 612-201-6345