Owatonna Youth Hockey Association P.O. Box 76 Owatonna, MN 55060

Coaches



REQUEST FOR REIMBURSEMENT

Please reimburse me for the following items I purchased or paid for on behalf of OYHA:

PURCHASE DATE	ITEM DESCRIPTION	AMOUNT	RECEIPT MUST BE ATTACHED	Tourney expense?

- · I understand that I will not be eligible for full reimbursement unless I attach receipts for all above listed expenses.
- \cdot If this is a reimbursement for a tournament registration fee, I have included the phone number of the sponsoring organization for verification purposes.
- · I understand that tournament reimbursements are \$600 per tournament (if over 75 miles away) <u>per team</u>. One tournament for SQ/U10/PW/U12 and Two tournaments B/U15. Postseason play will also be covered up to \$600 if over 75 miles away. All tournament requests should be funneled through the head coach with every coach completing their own form.
- · Away games and mileage are not reimbursed.

Print Name:		
Address:		
City State Zip:		
Phone Number:		
Signature:		