

## NLYHA EXPENSE FORM

(ver. 3, 4-3-2019)

Name: \_\_\_\_\_

**Address:**

**Phone #**

E-mail:

Submit this completed/signed form to Katie Berg via email at katieberg22@gmail.com along with receipts. It can also be mailed to: NYHA, PO Box 96, Deerwood, MN 56444, please text Katie at 218-766-5830 to let her know you are mailing.

Please contact Katie Berg with any questions at 218-766-5830



**Signature**

Date

Michael T. Muller

I certify that this request for reimbursement and/or expenditure(s) on behalf of NI YHA is true and correct.

( ) Scheduled NLYHA Meeting\*

Team Travel (Out-of-Town Game/Scrimmage travel costs are covered)

Other \*

This area for Treasurer

**AMOUNT**

CHECK #