

# Dublin Jerome Hockey Booster Club Expense Reimbursement Request



Please submit one reimbursement request per recipient.

<b>Name</b>		<b>Expense Category</b>	
<b>E-mail</b>		<b>Phone #</b>	
<b>Mailing Address</b>			

## Expense Details

Purchase Date	Vendor	Expense Description	Amount
<b>Subtotal</b>			<b>\$ _____</b>

## Coaching Expenses

Coaching Date(s)	# of Hours	Alone or w/Another Coach (select only one)		Amount
		<input type="checkbox"/> Alone (\$80/hr)	<input type="checkbox"/> w/Another Coach (\$40/hr each)	
		<input type="checkbox"/> Alone (\$80/hr)	<input type="checkbox"/> w/Another Coach (\$40/hr each)	
		<input type="checkbox"/> Alone (\$80/hr)	<input type="checkbox"/> w/Another Coach (\$40/hr each)	
<b>Subtotal</b>				<b>\$ _____</b>

**TOTAL AMOUNT OWED: \$ \_\_\_\_\_**

Signature	Date
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Please attach receipts (if applicable) for all listed expenses, sign the form, and submit to  
Dublin Jerome Hockey Booster Club Treasurer ([Treasurer@DublinJeromeHockey.com](mailto:Treasurer@DublinJeromeHockey.com))

Treasurer Use Only: Check No. \_\_\_\_\_ Date \_\_\_\_\_