



NEWARK ICE HOCKEY ASSOCIATION

Expense Reimbursement Form

This form is for requesting reimbursements for NIHA expenditures. These expenses can include but are not limited to: USA Hockey registration fees for coaches, USA Hockey coaching clinic fees, USA Hockey coaching screening fees, NIHA Board-approved budget expenses, or other board approved expenses (copies, supplies, activity or event expenses, equipment, etc.).

To request reimbursement, complete and mail the form to the address below. Keep a copy of this form and all receipts submitted for your own files. Checks are generally issued after every monthly board meeting.

GENERAL INFORMATION

Last Name

First Name

Street Address

City

State

Zip

Home telephone

()

Work telephone

()

Cell phone

()

E-mail address

EXPENSE INFORMATION

Explanation of type and/or purpose of expense (examples: USA Hockey registration fee, coaching clinic fee, copies, supplies, etc):

Total amount to be reimbursed: \$ _____ . _____

Make check payable to (please print legibly): _____

RECEIPTS OR DOCUMENTATION

Please attach receipt or documentation with date and amount to be reimbursed circled.
Reimbursements cannot be issued without appropriate documentation.

Please mail all items to:
Newark Ice Arena
Attention: NIHA Treasurer
936 Sharon Valley Road
Newark, OH 43055

If you have any questions, please feel free to contact the Treasurer

treasurer@newarkhockey.com

Administrative Use Only

Date Received (registrar)

Date Check Issued (treasurer)

Check Number (treasurer)