Check Number _____

Total $ Amount _____

Date Paid: _____

TWO HARBORS YOUTH HOCKEY ASSOCIATION

Lake County Arena, 301 Eighth Avenue, Two Harbors, MN 55616

Claimant's Name _____

Address _____

City _____ State _____ Zip _____

Date of Purchase	Items Purchased & Where Purchased	$ Amount

By signing below I state that the items I am claiming reimbursement for were purchased for the use of the Two Harbors Youth Hockey Association.

Claimed by: _____ Date: _____

Phone # (in case of questions):_____

Receipts must be attached to voucher.