Quad County Whitecaps Female Hockey Association Expense Form

REIMBURSEMENT FOR EXPENSES FORM

NAME _____

ADDRESS _____

EMAIL _____

TEAM _____

DATE	REASON FOR EXPENSE (tournment, games, meeting,etc)	TYPE OF EXPENSE (Mileage, hotel, meal)	# OF KM's	AMOUNT

TOTAL OWING _____

I HEREBY CERTIFY THAT THE EXPENSES CLAIMED ARE CORRECT AND JUST IN ALL RESPECTS AND THAT THE WHOLE EXPENDITURE WAS INCURRED ON ANTIGONISH MINOR HOCKEY BUSINESS

_____ _____

SIGNATURE OF CLAIMANT / COACH (yy/mm/dd)

_____ _____

SIGNATURE OF TEAM MANAGER (yy/mm/dd)

Expenses can be claimed as per Non-Family Member Coach Expense policy
Hotel receipts must be included with claim.

PLEASE SUBMIT BY EMAIL TO: qcztreasurer@gmail.com