



Leeds Minor Hockey Association

Request for Reimbursement

DATE: _____

REASON: _____

PAYABLE TO: _____

***PLEASE SUBMIT ORIGINAL RECEIPTS SHOWING TAXES / BREAKDOWN
(not debit or visa slips)***

DESCRIPTION OF EXPENSE	COST BEFORE TAX	HST	TOTAL
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
TOTALS	\$ -	\$ -	\$ -

SUBMITTED BY: _____

APPROVED BY: _____