

ADRAY

COMMUNITY HOCKEY LEAGUE, INC.

REQUEST FOR REIMBURSEMENT

Name _____ Request Date _____

Mailing Address _____

Expenses exceeding \$25 must have prior approval from the Executive Board.

Description of Expenses:

Staple Receipts Here

Payable To: _____ Amount: \$ _____

Treasurer's Signature _____ Date _____

Treasurer's Address: 23400 13 Mile Rd, Big Rapids, MI 49307

For Treasurer's Use Only
Check Number: _____ Date: _____ Amount \$ _____

"DEDICATED TO PROVIDING COMPETITIVE EQUALITY AND EXCELLENCE FOR COMMUNITY YOUTH HOCKEY TEAMS."