

# Farmington Hills Hockey Association Reimbursement for Expenses Form

Team Finances

Date: _____			
Name: _____			
<u>Reimburseable expenses:</u>			
<b>ATTACH ALL RECEIPTS*****</b>	CATEGORY		
	TO BE		
<b>ITEMS</b>	<b>CHARGED</b>	<b>TOTAL</b>	
1).			
2).			
3).			
4).			
5).			
6).			
7).			
8).			
9).			
Total Expenses to be Paid: _____			
Signed: _____			
<b>Directions:</b>			
1. Fill out the above form.			
2. Attach all receipts.			
3. Put completed form & receipts in FHHA Administrators mailbox at FHIA.			
4. A check will be placed in your FHIA mailbox.			