

Falls Rec Hockey

Request for Reimbursement Form 2017-2018 season

Out of Town Tournament Coach

RECEIPTS MUST BE ATTACHED!!!

Name _____

Address _____

Location of Tournament _____

Team _____ Date _____

Hotel* \$ _____

*Parent Coach only allowed 2 nights per season

Non Parent Coach Allowable Expenses are below

Miles*** _____ @ \$0.50 = \$ _____

***\$125 Maximum

Meal** per day \$ _____

**\$15 single game, \$25 multiple games

Total reimbursement from Falls Rec Hockey \$

No receipt, no reimbursement. Thank you!

Rec Hockey Treasurer use:

Paid by check # _____

Date _____

Parent Coach: Y / N