



## Kenai Peninsula Hockey Association Reimbursement Request Form

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

REASON FOR TRIP: \_\_\_\_\_

**BOARD MEMBERS ONLY**  
All board member reimbursement requests must be approved through the annual budget or have prior board approval.

EXPENSES	DATES	DETAILS	AMOUNT
Transportation		<input type="checkbox"/> Air <input type="checkbox"/> Taxi <input type="checkbox"/> Rental car	
Mileage		<input type="checkbox"/> \$0.575 Government Rate 2020                      x _____ miles = <input type="checkbox"/> \$0.56 Government Rate 2021	
Lodging*			
Background Check			
Other			
<b>Total amount for reimbursement</b>			\$

**COACHES and VOLUNTEERS ONLY**  
All coaching reimbursement requests must be approved through the annual budget or have prior board approval.

EXPENSES	DATES	DETAILS	AMOUNT
Mileage*		<input type="checkbox"/> \$0.575 Government Rate 2020                      x _____ miles = <input type="checkbox"/> \$0.56 Government Rate 2021	
Lodging*			
Background Check			
USA Hockey Registration			
Coaching Module			
Other			
<b>Total amount for reimbursement</b>			\$

\* Reimbursement requests for mileage and hotel are only available to Head Coaches who do not have a child on their team. Reimbursements are capped at a maximum of \$2,500.00 per season. A maximum nightly rate of \$100 (winter rate) or \$150 (summer rate) will be reimbursed for lodging (tax not included in nightly rate but is reimbursable).

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please attach all receipts for listed expenses, sign and date form, submit to the KPHA/Lucky Puck biller, at [kpha.billing@ak.net](mailto:kpha.billing@ak.net) within 15 days of completion of travel to be eligible for reimbursement.

**FOR STAFF USE**

Process Date: \_\_\_\_\_ Check #: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Exp. allocated to: \_\_\_\_\_ team