



RAHA Reimbursement Form

Name: _____

Date of Purchase/Expense: _____

Description of Expense or Materials Purchased: _____

Total of Expenditures: \$ _____

Check payable to: _____ **Date:** _____

Address: _____

Please fill out this form, attach your receipt, and submit to:

Redwood Area Hockey Association

PO Box 204

Redwood Falls, MN 56283