



RICE LAKE YOUTH HOCKEY ASSOCIATION
 PO Box 81, Rice Lake, WI 54868

Expense Reimbursement Request Form

Please fill out this form in its entirety, copy of receipt and submit to RLHA @ ricelakehockey@gmail.com for processing and payment. Submit this form electronically via email, PDF Scan or hard copy to RLHA President.

Expense Description	Amount	Purpose	Team (If applicable)
Total Reimbursement:			

Payable to: _____

Mailing Address: _____

City, State, Zip: _____

Notes: _____

Requestor Name: _____

Request Date: _____

Requestor Email: _____

Phone: _____

Board Approval Below

Approved By _____

Approval Date: _____