

**Lakeland Hockey Association**  
**Expense Reimbursement/ Payment Request Form**

Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Payment Request

Reimbursement Request

Pay to the Order of _____ Address _____ City, State, Zip Code _____
--

Requested by: \_\_\_\_\_

Purpose of Expense: \_\_\_\_\_

Please check one box below for delivery of check

Mail to address above

Mail Box # \_\_\_\_\_

**\*\*\*\* RECEIPT OR INVOICE MUST BE ATTACHED \*\*\*\***

---

For LHA Use Only

Date approved \_\_\_\_\_

Date Disapproved \_\_\_\_\_

If Disapproved - Why? \_\_\_\_\_  
\_\_\_\_\_

Approved/Disapproved By:  
\_\_\_\_\_  
\_\_\_\_\_

Amount of Reimbursement/Payment \_\_\_\_\_

Check Number \_\_\_\_\_

Date \_\_\_\_\_

Post to Account # \_\_\_\_\_