



Dover Youth Hockey Association Member Reimbursement Form

Please refer to the DYHA Program Guide on our website for expenses eligible for reimbursement.
Original receipts must accompany the expense report.

Date Submitted			
Member Name			
Address			
City/State			
Telephone #/Email			
Date of Expense	Vendor/Supplier	Reason	Amount
Total			

Comments: _____

Reimbursement Type (check one): Tuition Credit Check

(Please note that reimbursement will only be made via tuition credit if a tuition balance remains.)

Submitter Signature: _____ Date: _____

DYHA Treasurer: _____ Date: _____

DYHA President: _____ Date: _____

President approval required for requests that are 1) over \$500, 2) outside of reimbursement policy or 3) submitted by the Treasurer.