DETROIT LAKES YOUTH HOCKEY ASSN.
Expense Reimbursement Request

PAYEE INFORMATION:

NAME: _____

ADDRESS: _____

_____

_____

PHONE: _____

INSTRUCTIONS:

Complete the form and return with receipts to the Treasurer's box in the downstairs lobby of Arena #1. Completed forms may also be mailed to: DLYHA - PO Box 393 - DL, MN 56502. Checks are processed on the 2nd Monday of every month.

TRAVEL EXPENSES:

	TRAVEL DETAILS			MILEAGE (@ .485/mi.)		HOTEL	
DATE	FROM	TO	REASON	# MILES	AMOUNT	AMOUNT	TOTAL
			SUB TOTAL				

OTHER EXPENSES:

DATE	OTHER EXPENSES (Describe and provide receipts)	AMOUNT	TOTAL
		SUB TOTAL	

TOTAL REIMBURSEMENT _____

I certify that the statements in the above schedule are true and accurate in all respects; and that my schedule of travel consists entirely of expenses incurred while conducting the business associated with the Detroit Lakes Youth Hockey Assoc and not for personal purposes.

SIGNATURE: _____ **DATE:** _____