

# Falls Rec Hockey

Request for Reimbursement Form 2018-2019 season

## USA Hockey Coaching Certification

**RECEIPTS MUST BE ATTACHED!!!**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Coaching registration fee \$ \_\_\_\_\_

Coaching certification fee \$ \_\_\_\_\_

Online module fee \$ \_\_\_\_\_

Location of class\*\* \_\_\_\_\_

\*\*Board Approval required for Out of Town

Hotel\*\* \$ \_\_\_\_\_

Miles \_\_\_\_\_ @ \$0.50 = \$ \_\_\_\_\_

Meal\* per day \$ \_\_\_\_\_

\*\$15 single game, \$25 multiple games

Total reimbursement from Falls Rec Hockey \$

No receipt, no reimbursement. Thank you!

*Rec Hockey Treasurer use:*

*Paid by check #* \_\_\_\_\_ *Date* \_\_\_\_\_