

# C.D.M.H.A. Reimbursement Request Form

Name: \_\_\_\_\_

Team/Division: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_



Please use this form for all C.D.M.H.A. expense reimbursements. Be sure to list all expenses below including the vendor name and expense description. Remember to attach **ALL DETAILED** receipts to this form (required for payment). Coach, Trainer, Respect in Sport Certifications along with Goalie Development requests **MUST** be signed by your Division Convenor for approval.

## Expenses to be Considered for Reimbursement:

<u>Date:</u>	<u>Vendor Name/Expense Description:</u>	<u>Expense (\$):</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that all expenses listed above were incurred for the benefit of C.D.M.H.A. and I am requesting to be reimbursed for these expenses.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Division Convenor

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Convenors: If you have approved the request...Please forward this form to the C.D.M.H.A. Treasurer.**

### Treasurer's Use Below

Date of receipt: \_\_\_\_\_ Date of disbursement: \_\_\_\_\_ Cheque No.: \_\_\_\_\_ E-payment: \_\_\_\_\_

Additional Accounting Info. \_\_\_\_\_

Treasurer's Initial. \_\_\_\_\_