



Leeds Minor Hockey Association

Request for Reimbursement

DATE: _____

REASON: _____

PAYABLE TO: _____

**PLEASE SUBMIT ORIGINAL RECEIPTS SHOWING TAXES / BREAKDOWN
(not debit or visa slips)**

DESCRIPTION OF EXPENSE	COST BEFORE TAX	HST	TOTAL
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			\$ -
TOTALS	\$ -	\$ -	\$ -

SUBMITTED BY: _____

APPROVED BY: _____