



## Douro Minor Hockey

### Expense Reimbursement Form

Name:	Mailing Address:
Email:	Phone Number:
DMH Team Associated With:	

Type Of Expense	Date	Amount
Coaching Course/Clinic		\$
Trainers Course/Clinic		\$
Equipment/Supplies		\$
Tournament Payment		\$
Other		\$
	<b>Total Amount:</b>	

#### Purpose of Expense/Comments:

--

Email a completed copy of this form along with a copy of any accompanying receipts to [eryan@prhc.on.ca](mailto:eryan@prhc.on.ca)

*Please allow up to 2 weeks for cheque to be issued*