

MYHA Check Request

Date of Expense	Detailed Description of Expense (receipts must be attached)	Amount

Total to be Reimbursed

Name: _____

Address: _____

Phone: _____

Team/Committee: _____

Please complete this form, attach receipts and submit to:

MYHA Finance Committee
Patty Ramsay
PO Box 405
Larchmont, NY 10538
email: myhafinance@gmail.com

Check Number: _____

Date: _____