



PLYMOUTH YOUTH HOCKEY, Inc.
P.O. Box 1318
Plymouth, MA 02362

Request for Payment or Reimbursement:

Please return completed form to the bookkeeper, at the address above.

Date: _____

Name of person making request: _____

Address: _____

Phone: _____

Category of expense (please check one):

- | | |
|---|---|
| <input type="checkbox"/> Equipment: _____ | <input type="checkbox"/> Office supplies |
| <input type="checkbox"/> Game officials, event: _____ | <input type="checkbox"/> Coaching certification |
| <input type="checkbox"/> Timekeepers, event: _____ | <input type="checkbox"/> Apparel |
| <input type="checkbox"/> Travel to: _____ | |
| <input type="checkbox"/> Other, please explain: _____ | |

Amount: \$ _____

Please make check payable to: _____

Address: _____

Please attach receipt(s), if applicable.

Expense approved by: _____

Coordinator

Expense approved by: _____

Treasurer or other officer

Date of approval: _____

Check number _____

Check amount: _____