

Lakeland Hockey Association
Expense Reimbursement/ Payment Request Form

Date: _____ Amount: _____

Payment Request

Reimbursement Request

Pay to the Order of _____ Address _____ City, State, Zip Code _____
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Requested by: _____

Purpose of Expense: _____

Please check one box below for delivery of check

Mail to address above

Mail Box # _____

****** RECEIPT OR INVOICE MUST BE ATTACHED ******

For LHA Use Only

Date approved _____

Date Disapproved _____

If Disapproved - Why? _____

Approved/Disapproved By:

Amount of Reimbursement/Payment _____

Check Number _____

Date _____

Post to Account # _____