

To: Owatonna Youth Hockey Association  
P.O. Box 76  
Owatonna, MN 55060

## REQUEST FOR REIMBURSEMENT

Please reimburse me for the following items that I have purchased or paid for on behalf of OYHA:

PURCHASE DATE	ITEM DESCRIPTION	AMOUNT	RECEIPT ATTACHED? YES/NO

I understand that I will not be eligible for full reimbursement unless I attach receipts for all above listed expenses.

Mileage is reimbursed at 50% of the IRS mileage allowance.

**Print Name:**

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**Address:**

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**City State Zip:**

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**Phone Number:**

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**Signature:**

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