



REQUEST FOR REIMBURSEMENT

TEAM FINANCES 2015-2016



TEAM NAME/DIVISION: _____
 TEAM CONTACT: _____
 TEL: _____ FAX: _____ CELL: _____
 EMAIL: _____

Individual Requesting Reimbursement	Reimbursement Amount Requested	Reason for Reimbursement Request	Office Use Only

TOTAL

***Original receipt(s) must be submitted with reimbursement request form**

Please make cheque payable to: _____

Please send cheque c/o:

Name: _____

Address: _____

City/Town: _____ Postal Code: _____

Phone: Home _____

Cell _____

Email: _____

THE FOLLOWING MUST BE COMPLETED & SIGNED BY AN AUTHORIZED OFFICIAL OF THE TEAM APPLYING FOR THE REIMBURSEMENT.

I, _____ of the _____ team verify that the above information is correct and that there are no current payables due to the BDGMHA by any of the above noted individuals or team.

Team Official's Position

Signature

Date

Mail to: BDGMHA, PO Box 23121, Belleville, ON K8P 5J3

