

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

REQUEST FOR COACHES REIMBURSEMENT

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

PURCHASE DATE	ITEM DESCRIPTION	AMOUNT	MILEAGE (.2225/mile in '06 .2425/mile in '07)	RECEIPT ATTACHED? YES/NO	IS THIS AN AWAY GAME OR TOURNAMENT?

- I understand that I will not be eligible for full reimbursement unless I attach receipts for all above listed expenses.
- If this is a reimbursement for a tournament registration fee, I have included the phone number of the sponsoring organization for verification purposes.
- I understand that tournament reimbursements are \$600 per tournament (if over 60 miles away) per team and \$100 per tournament (if within 60 miles away) per team. Mileage to and from tournaments is reimbursed at 50% of the IRS mileage allowance (2009 miles are reimbursed at \$0.275 [half of \$0.55]).
- Away games are not reimbursed.

Print Name: _____

Address: _____

City State Zip: _____

Phone Number: _____

Signature: _____
