**Manheim Central Field Hockey Booster Club **

**REQUEST FOR REIMBURSEMENT**

 **(updated for 2016)**

PLAYER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ORGANIZATION TO WHICH PAYMENT WAS MADE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(A**ttach copy of cancelled check or receipt verifying payment)**

Payment amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payee (parent or guardian) and address for reimbursement:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send all requests to: Carina Shelly

 70 S. Linden St.

 Manheim, PA 17545

 Shelly5@ptd.net

Reimbursement from individual accounts will be paid for events (indoor sessions, tournaments, summer camps, etc) that advance the player’s hockey skills for the purpose of the team. Payment will be issued as promptly as possible upon receipt and verification.

**Do not write below this line**

MCFHBC Treasurer: Verified Request \_\_\_\_\_\_ Check # \_\_\_\_\_\_\_\_ Date Paid \_\_\_\_\_\_\_\_\_\_\_\_