



# Plum Hockey Association

## Payment and/or Reimbursement Request Form

Check Requested By: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

Team \_\_\_\_\_

---

---

**Please provide documentation supporting the payment request and attach to this form**

Pay to the Order Of: \_\_\_\_\_

Amount of Request: \_\_\_\_\_

Address reimbursement is to be sent to: \_\_\_\_\_

\_\_\_\_\_

---

### TREASURER'S USE ONLY

Date Request Received: \_\_\_\_\_

Request Approved By: \_\_\_\_\_

Date of Approval: \_\_\_\_\_

Documentation Provided: \_\_\_\_\_

Check Number Issued: \_\_\_\_\_

Date Check Issued: \_\_\_\_\_