



Richmond Jets Minor Hockey Association
PO Box 94488
Richmond, BC
V6Y 2V6

(604) 454 4494
info@richmondjetsmha.com
richmondjetsmha.com

Course Reimbursement Form

Please attach copies of receipts to this expense claim and drop into our mailbox in the lobby at Richmond Ice Centre. If seeking reimbursement of Coach 2 or Dev 1 Clinic registration fees, please enclose a copy of the Verification of PostTask signed by an authorized Richmond Jets MHA official.

Name

Date

Address

Phone

Email

Position With Team

Division

Date Completed

Course Name

Amount

Date Completed

Course Name

Amount

Date Completed

Course Name

Amount

Total

I verify that I have completed the above course(s), that they were needed in order to fulfill my role with a RJMHA team and request Richmond Jets MHA reimbursement.

Signature _____



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