Nipawin Minor Hockey Association General Expense Claim

Name: Address: Town/City			Date: Felephone: Postal Code:			
	Division/Category:					
Date	Description	Mileage \$.35/km	Meals	Hotel	Other	Total
	Total:					
Certification:	ch any relevant receipts. at these expenditures were in	curred on Nipawin M	inor Hockey A	ssociation Bus	iness:	
Signature of Paye	e					
Authorization: Reimbursement is	s duly authorized in the minute	es of the MNHA Board	l Meeting date	ed:		
Date						
For internal record Date Paid: Cheque #:	d keeping:					