



Hockey Training Reimbursement Guidelines

To qualify for reimbursement for your training, please ensure that this form is filled out and approved before you begin the course. Submit the completed form to your convenor for their approval. After successfully completing the course, kindly email the approved form, proof of course completion and payment receipt(s) to the Treasurer at treasurer@cpmha.ca. Thank you!

Personal Information:

Name: _____
Phone Number: _____
E-transfer email for reimbursement: _____

Division and Team: _____
Position Held: _____

Course Information:

1. Course Name (including level): _____
Course Location: _____
Date of Course: _____
Cost of Course: _____
2. Course Name (including level): _____
Course Location: _____
Date of Course: _____
Cost of Course: _____

3. Course Name (including level):

Course Location: _____

Date of Course: _____

Cost of Course: _____

Convenor Approval:

Request Approved: Request Denied:

Reason: _____

Name: _____

Signature: _____ Date: _____

For Treasurer's Use Only:

Date received: _____

Refund Amount: _____

Date Issued: _____

Confirmation #: _____

GL Account: _____

Please ensure to fill out all necessary sections accurately for prompt processing. Thank you!