



Ironbound Hockey

Tournament Reimbursement Request Form

Remit to: Kathryn Kehoe
 Email: kathryn@ironboundhockey.com
 Mail: 16 Scenery Hill Drive
 Chatham, NJ 07928

For office use only

Date paid: _____
 Check # _____

Name: _____ Date: _____

Mailing Address: _____

Email: _____ Phone: _____

Tournament: _____ Team: _____

Original invoices/receipts must be attached. Credit card statements will not be accepted as supporting documentation. Requests submitted without original invoices will not be processed.

Description	Amount
Total	

Reimbursable Expenses

- Hotel expenses including fees and taxes
- Mandatory hotel parking charges

Non-Reimbursable Expenses

- In-room dining or entertainment
- Restaurant bills, bar tabs, or other in-hotel purchases
- Costs associated with additional guests
- Additional nights
- Non-mandatory parking charges
- Fuel
- Meals

Tournament reimbursement requests should be submitted within 60 days of the last day of travel. If reimbursement requests are not submitted in a timely fashion, the reimbursement will be considered income and will be subject to tax withholding.