



New Jersey Devils Youth Hockey Club Training & Administrative Reimbursement Request Form

Remit to: Finance Director
Email: Alicia @ devilsyouth dot com
Mail: PO Box 159, Long Valley NJ 07853

For office use only
Date paid: _____
Check #: _____

Name: _____ Date: _____
Mailing Address: _____
Email: _____ Phone: _____
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

- Annual USA Hockey registration
- Biennial AAHA background screening
- Registration fees for mandatory trainings including but not limited to USA Hockey CEP clinics, SafeSport training, and USA Hockey Level-Specific Modules
- Level 5 Symposium registration fee, customary hotel expenses, and travel stipend to be determined by the Managing Director upon submission of a completed Reimbursement Approval Form prior to registration
- Coaches wishing to participate in other training and continuing education opportunities should submit a completed Reimbursement Approval Form prior to registration

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