

**NORTH DAKOTA AMATEUR HOCKEY ASSOCIATION
EXPENSE REPORT**

NAME: _____

CLASS: _____

ADDRESS: _____

EVENT: _____

~ Please Print ~

DATE	DESCRIPTION OF EXPENSE From – To (I will figure the mileage) (60% of current IRS rate for 2024 \$.40/mile round trip)	TRAVEL (attach receipt) (if applicable)	FOOD (attach receipt) (or per diem)	LODGING (attach receipt)	MISC (attach receipt)	TOTAL

Submitted By: _____

TOTAL OF ALL EXPENSES \$ _____

Approved By: _____

~Please submit this report within 30 days of expense.~

Date Paid: _____

CK#: _____

**Mail to: NDAHA
PO Box 262
Rugby ND 58368-0262**

Form Updated: 01/01/2024