



## CHEQUE REQUISITION - TEAM CLINIC REFUNDS

**Please send completed form and receipts to Division Coordinator**

***Reminder- Coach Clinic refund requests are submitted by  
the Coach to the Coach Coordinator coach@coqmha.org***

Name of Team Official	Position	Clinic (HCSP or RIS)	Clinic Fees \$
<b>Total submitted for reimbursement to Team Bank Account</b>			<b>\$</b>

*(All expenses must include receipts)*

**Approval**

Receipt(s) verified:

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Requisition Approved by:

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Deposit Completed:

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