



## REIMBURSEMENT REQUEST FORM

**Instructions:**

1. Fill-out form completely
2. Provide copies of receipts
3. Submit completed form and receipts **within 45 days of purchase** to treasurer for processing

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**ITEMS PURCHASED**

Quantity	Description	Cost per unit	Total
	Member (1/2 multi-day pass)	55.00	
	Leader (up to \$140 for all-access pass)		
	Name:		
	Pony Club:		
	Please confirm that you are not seeking reimbursement		
	for this item from your club or another source.		
	I am not getting a reimbursement for this from any other source: Initials Here:		
		TOTAL:	

Reason for Purchase: \_\_\_\_\_ 2024 Annual Convention - Registration

Make check payable to: \_\_\_\_\_

In the amount of: \_\_\_\_\_

Send check to: \_\_\_\_\_

Signature: \_\_\_\_\_

**For Regional use:**

Approved by: \_\_\_\_\_

Received date:	Date paid:	Check #:
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