



One Horse For All Occasions ®

2011 RMHA Expense Reimbursement Request Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Purpose/Event: \_\_\_\_\_

RMHA Committee: \_\_\_\_\_

Date	Expense: Postage, Mileage, Phone etc.	Amount

**Total:** \_\_\_\_\_

The above expenses must be legitimate expenses incurred during the above individuals work on behalf of the RMHA. The expenses must be pre-approved by Committee Chair or RMHA Executive Director and must be **submitted with-in 30days** Following the RMHA Event. Expense forms must be accompanied by **original receipts**.

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

Committee Chair Signature: \_\_\_\_\_

RMHA Office Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

