



# Rocky Mountain Horse® Association

## Expense Reimbursement Form

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

Payable to: \_\_\_\_\_ Member #: \_\_\_\_\_

Address: \_\_\_\_\_

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

Event: \_\_\_\_\_

Date	Item: Fuel, Meals, Lodging, Event Costs, Mileage, Other	Receipt	Total
<b>TOTAL</b>			

I certify to the best of my ability that the above expenses are true and correct. I further certify that the event for which I claim reimbursement was in the best interest of the Rocky Mountain Horse® Association. I understand that falsification of any expenses will result in legal action and severe penalties.

SIGNED: \_\_\_\_\_

OPR: RMHA  
Current as of: April 2016

Attach receipts & submit form to:  
RMHA  
71 South Main Street  
Winchester, KY 40391