



RMHA EXPENSE REIMBURSEMENT FORM

Date _____

Payable to _____ Member No. _____

Address _____

City _____

State _____ ZIP _____

Telephone _____ Email _____

Event _____

DATE	ITEM (FUEL, MEALS, LODGING, EVENT COSTS, MILEAGE, OTHER)	RECEIPT	TOTAL
TOTAL			

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 _____

Attach receipts and submit form to:
 RMHA
 4561 Iron Works Pike, Ste 156
 Lexington, KY 40511