



Check #: _____

Date Paid: _____

Mounted Games Across America

Reimbursement Request

Name: _____ Date: _____

Address: _____

City/State/Zip: _____

Home phone: (____) _____ Work phone: (____) _____ Cell phone: (____) _____

I am requesting reimbursement for the following items. I have attached receipts for all items.

| Item Description | Item Cost |
|-------------------------|--------------------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |
| | TOTAL _____ |

(Optional) Please make the check out to the person listed below rather than myself:

Name: _____

Address: _____

City/State/Zip: _____

Signature **Date:** _____

Mail Request and Receipts to: Ellen Griffin, 1419 Salt Point Turnpike Pleasant Valley, NY 12569