

Stanislaus County - Horse Leaders Group

Reimbursement Form

Check #	_____
Date Issued	_____
Amount \$	_____
Initial	_____

Date Submitted: _____

Person Requesting Check: _____

Amount Requested: _____

Make Check Payable To: _____

Reason for Request: _____

Check one:

☐

County Fair

☐

Achievement Day

☐

Drill Team

☐

Co. Wide Group (specify): _____

☐

Benefit Horse Show

☐

Other (specify): _____

Invoice/Receipt Attached: YES _____ NO _____ If none, please explain: _____

Authorized (Exec. Officer) Signature: _____ Date: _____
(Only for checks \$50 or more, made payable to an individual)

Authorized by Activity Chair Signature: _____ Date: _____

Comments: _____

Check Disbursement to (check one and fill in):

☐

(Mailed to) Name: _____

Date: _____

Address: _____

City, State, ZIP: _____

☐

(Given to) Name: _____

Signature of person receiving check: _____ Date: _____

