

Stanislaus County - Horse Leaders Group

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

Reimbursement Form

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: _____

