



APPENDIX A EXPENSE REIMBURSEMENT FORM

USEA AREA _____ Expense Report

Date: _____

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Fund: Admin Adult Rider Young Rider

DATE	FROM	DESCRIPTION/PURPOSE	AMOUNT

Total Amount Due: _____

Approved By: _____

(Print Name)

Signature: _____

ALL RECEIPTS MUST BE ATTACHED!