

REQUEST FOR REIMBURSEMENT



USRider Membership #:		Date of Incident:	
First Name:	Middle Initial:	Last Name:	
Address:			
City:	State:	ZIP Code:	
Home Phone:		Mobile Phone:	
Email Address:			
Service Provider:			
Location of Breakdown:			
Describe Breakdown:			

Vehicle

Describe Vehicle	Make:	Model:	Year:
Was Your Vehicle Towed?	Yes	No	# Miles:
From Where?		To Where?	
Total You Paid:			

Trailer

If not horse trailer, why type trailer?				
Horse Trailer:	Head to Head	Slant	Stock	Straight
Configuration:	Bumper Pull		Gooseneck	
Trailer Make:		Trailer Year:	Trailer Length:	
Trailer Capacity:		# Horses in Trailer at Time of Breakdown:		
Was Trailer towed?	Yes	No	How Many Miles?	
Total You Paid:				

Receipt

Mail this completed form and Original Receipt(s) to:	USRider Equestrian Motor Plan PO Box 54711 Lexington, KY 40555-4711
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