

REQUEST FOR REIMBURSEMENT



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|------------------------|-----------------|-------------------|--|
| 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? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | If Yes, How Many Miles? |
| From Where? | To Where? | | |
| Total Paid for Vehicle Service: | | | |

Trailer

| | | | |
|---|---|------------------------------------|--|
| If not horse trailer, what type of trailer? | | | |
| Horse Trailer: | <input type="checkbox"/> Head to Head | <input type="checkbox"/> Slant | <input type="checkbox"/> Stock <input type="checkbox"/> Straight |
| Configuration: | <input type="checkbox"/> Bumper Pull | <input type="checkbox"/> Gooseneck | |
| Trailer Length: | Trailer Make: | Trailer Capacity (Horses): | |
| Trailer Year: | # Horses in Trailer at Time of Breakdown: | | |
| Was Trailer Towed? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | If Yes, How Many Miles? |
| From Where? | To Where? | | |
| Total Paid for Trailer Service: | | | |

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|---|---|
| <p><input type="checkbox"/> Completed Request for Reimbursement Form</p> <p><input type="checkbox"/> Original, Itemized Receipt(s)*</p> <p>Please mail the above items to: USRider Equestrian Motor Plan PO Box 20634 Boulder, CO 80308</p> <p>Please do not staple items.</p> | <p>*If you do not have the original, itemized receipt(s), please explain:</p> |
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