REQUEST FOR REIMBURSEMENT

USRider EQUESTRIAN ROADSIDE ASSISTANCE

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 and Time of Breakdown:		
Describe Breakdown:		

Vehicle

Describe Vehicle	Make:	Model:	Year:
Was Your Vehicle Towed?	☐ No	☐ 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:	☐ Head to Head	☐ Slant	☐ Stock	☐ Straight
Configuration:	☐ Bumper Pull	☐ Gooseneck		
Trailer Length:	Trailer Make:		Trailer Capacity (Horses):	
Trailer Year:		# Horses in Trailer at Time of Breakdown:		
Was Trailer Towed?	☐No	☐ Yes	If Yes, How Many Miles?	
From Where?		To Where?		
Total Paid for Trailer Service:				

☐ **Completed Request for Reimbursement Form** ☐ **Original, Itemized Receipt(s)***	*If reimbursement requested is NOT to the Member named on this form, please advise who to make check payable to, along with the mailing address.
Please mail the above items to: USRider Equestrian Motor Plan 1079 S Hover St Ste 200 Longmont CO 80501	*If you do not have an itemized receipt, please explain:
Please do not staple items.	