Back Country Horsemen of Idaho Foundation Exempt Number 82-0510506

Request for Reimbursement

Chapter Name:		
Program:		
Amount Requested:		
Receipt/Check Payable to:		
Address:		
City:	State:	Zip:
Signature of Authorized Disbu (Chapter Foundation Director)	<u> </u>	Date
	ry Horsemen of Idaho F Exempt Number 82-0510506	Foundation
Reque	est for Reimburse	ment
Chapter Name:		
Program:		
Amount Requested:		
Receipt/Check Payable to:		
Address:		
City:		
Signature of Authorized Disbursement Agent		Date

(Chapter Foundation Director)