

Paid:	_____
Check:	_____
Amount:	_____



BACK COUNTRY HORSEMEN OF IDAHO
P.O. Box 513
SALMON, ID 83467

REIMBURSEMENT FORM

Please use this form to record those expenses you incur while volunteering for Back Country Horsemen of Idaho for which you wish to be reimbursed. Attach receipts if possible with the amounts circled.

Name: _____
 Address: _____

 City: _____ State: _____ Zip Code: _____
 Phone: _____ Cell phone: _____
 Email: _____

Date	Type of Expense	Amount

TOTAL	
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Signature	Date

TO PERPETUATE THE COMMON SENSE USE AND ENJOYMENT OF HORSES IN AMERICA'S ROADLESS BACK COUNTRY