

**Oregon Region - USPC
Expense Reimbursement Request**

Name: _____ Date: _____
 Phone: _____

I request reimbursement for amounts expended by me as follows, receipts are attached:

Clinic Expense		<i>Detail: ie: facilities/examiner/food</i>
C-3 Mounted Prep Clinic	\$ _____	_____
C-3 Unmounted Prep Clinic	\$ _____	_____
Horse Management Clinic	\$ _____	_____
Standards & Ratings Clinic	\$ _____	_____
Other: _____	\$ _____	_____
 Rating Expense		
C-3 Rating	\$ _____	_____
B Rating	\$ _____	_____
HA Rating	\$ _____	_____
A Rating	\$ _____	_____
 Championship Fund Grant	\$ _____	_____
 General Region Expense		
Annual Meeting, National	\$ _____	_____
Annual Meeting, Regional	\$ _____	_____
Awards	\$ _____	_____
Books/Publications	\$ _____	_____
Flying Changes	\$ _____	_____
Insurance	\$ _____	_____
Postage/Delivery	\$ _____	_____
Printing/Copies	\$ _____	_____
Supplies	\$ _____	_____
Telephone	\$ _____	_____
Travel	\$ _____	_____
T-shirts/Pins	\$ _____	_____
 Other: _____	\$ _____	_____
 Total Reimbursement Requested	\$ _____	_____

Mail check to: _____

Attach receipts to this request and mail to:

Kirsten Wallace, Treasurer
 10521 NE 113th Circle
 Vancouver, WA 98662

Request must be approved by the RS before a check will be mailed.