

REQUEST FOR REIMBURSEMENT



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?	<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:			

<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 1079 S Hover St Ste 200 Longmont CO 80501</p> <p>Please do not staple items.</p>	<p>*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.</p> <p>*If you do not have an itemized receipt, please explain:</p>
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