



REGION III Arabian Horse Association

P.O. Box 161, Lincoln, CA 95648

REQUEST FOR PAYMENT / REIMBURSEMENT

DATE: _____ AMOUNT: _____

PAY TO: _____

SEND TO: _____

ADDRESS: _____

EXPENSE REQUESTED FOR: _____

SIGNATURE: _____

Approved by: _____

ATTACH A COPY OF BILL, INVOICE, ETC.

Send Request to: SHARON RICHARDS, Treasurer
1445 Monument Place, Newcastle, CA 95658

Office Use Only:

Date Paid _____ Check No. _____ Amount _____

Apply to Region III Budget _____