



### Expense Reimbursement Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Checks Will Be Mailed

Mailing Address:

---

---

---

#### Expense Information

Date	Description	Amount
Total		

#### Important:

- Be sure to attach all receipts with this form.
- Submit your completed form along with receipts via email to [rryhatreasurer@gmail.com](mailto:rryhatreasurer@gmail.com) or mail to:

**RRYHA Treasurer**

**P.O. Box 511**

**Virginia, MN 55792**

#### Processing Information:

All reimbursement requests will be processed and paid within **30 days** of proper submission and RRYHA review/approval.

#### Questions? Contact:

**Teresa Simetkosky**

☎ (218) 290-5606

[rryhatreasurer@gmail.com](mailto:rryhatreasurer@gmail.com)

Thank you for your cooperation!