



### Expense Reimbursement Form

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

#### Checks Will Be Mailed

Mailing Address:

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#### Expense Information

Date	Description	Amount
<b>Total</b>		

#### 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!