
**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** 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:**
**Kevin Kubat**
(218) 750-7082
**rryhatreasurer@gmail.com**

Thank you for your cooperation!