

Back Country Horsemen of Idaho Foundation

PO Box 498, Newport, WA 99156

Exempt Number 82-0510506

Request for Reimbursement

Chapter Name _____

Program _____

Amount Requested: _____

Check Payable to: or In Kind Receipt to: _____

Mileage allowed for BCH Authorized activities _____

“In Kind Receipt” Dollar Amount allowed _____

Address: _____

City: _____ State: _____ Zip: _____

_____ Date: _____

Required Signature: Authorized Disbursement Agent or 501 (C) 3 Representative of Chapter

For Year 2011 - After signed – Mail to:

Karen Parks

64 Clayton Rd.

Clarkston WA 99403

(208) 791-3246