



NJ Region Pony Club

EXPENSE REIMBURSEMENT FORM

Please remit to: Lindsay Wyglendowski P.O. Box 158 Pittstown NJ 08867 or wyglos@gmail.com including receipts within 60 days of the expenditure.

NAME: _____ DATE: _____

1. TRAVEL
 - a. Mileage: _____ @ \$0.50 per mile \$ _____
 - b. Tickets: Airline, Bus, Train (attach receipt) \$ _____
2. POSTAGE/PRINTING/COPIES (attach receipt) \$ _____
3. EVENT EXPENSES (attach itemized list and receipts) \$ _____
4. Other (attach itemized list and receipts) \$ _____

7. TOTAL \$ _____

8. CONTRIBUTION (\$ _____)

If you wish to donate all or part of this amount back to NJ Region Pony Club, please indicate the amount of contribution here. Contributions are deductible for income tax purposes as allowed by law. A letter of acknowledgement will be sent for your records. Thank you!

9. BALANCE DUE \$ _____

Approval given by: _____

Mail Reimbursement to: _____

Signature: _____

All requests for reimbursement of expenses must be accompanied by receipts. This is an IRS requirement for non-profit organizations.