



## REIMBURSEMENT REQUEST FORM

### ATTENDEE INFORMATION

NAME:

MAKE CHECK PAYABLE TO:

MAILING ADDRESS:

CITY, STATE & ZIP:

EMAIL:

PHONE:

NAME OF EVENT:

DATE OF EVENT:

LOCATION OF EVENT:

### REIMBURSEMENT ITEMS

Please enter the dollar amount you need reimbursed for each item below.

\$ \_\_\_\_\_ HOTEL RESERVATION FEE

\$ \_\_\_\_\_ **GRAND TOTAL (NOTE: REGISTRATION FEES ARE WAIVED FOR SCHOLARSHIPS)**

### REQUIRED ITEMS:

Reimbursements will only be given when the following items are collected:

- HOTEL RESERVATION RECEIPT
- PROOF OF ATTENDANCE (SIGN-IN AT EVENT)

**REIMBURSEMENT REQUESTS MUST BE RETURNED WITHIN TWO WEEKS OF THE EVENT.**

REIMBURSEMENTS WILL BE RETURNED WITHIN 30 DAYS OF RECEIPT. PLEASE DO NOT TURN IN THIS FORM UNTIL AFTER THE CONFERENCE/ROADEO, AS REIMBURSEMENTS WILL ONLY BE GIVEN ONCE PROOF OF ATTENDANCE IS PROVIDED. PLEASE RETURN COMPLETED REIMBURSEMENT TO:

**URSTA  
PO BOX 142  
SMITHFIELD, UT 84335**

QUESTIONS: CONTACT STACEY RINDLISBACHER AT 435-764-0066 OR STACEY@URSTA.ORG

**\*\*OFFICE USE ONLY\*\*** Check #: \_\_\_\_\_ Date: \_\_\_\_\_