



The United States Pony Clubs, Inc.

The Kentucky Horse Park, 4041 Iron Works Parkway, Lexington, KY 40511-8483
859/254-7669 (PONY) Fax 859/233-4652 email: uspc@ponyclub.org

USPC EXPENSE FORM

NAME: _____ DATE: _____

I request reimbursement for amounts expended by me as _____
in Connection with _____
on (date/s) _____.

1. TRAVEL

a. Mileage: _____ @ \$0.35 per mile\$ _____

b. Tickets: Airline, Bus, Train (Receipts must be attached)\$ _____

2. POSTAGE (Receipts must be attached)\$ _____

3. TELEPHONE (Attach copies of marked monthly bills)\$ _____

4. PRINTING/PHOTOCOPIES (Attach invoices)\$ _____

5. FEE (If applicable)\$ _____

6. Other (Explain)\$ _____

7. TOTAL\$ _____

8. CONTRIBUTION(\$ _____)

If you wish to donate all or part of this amount to the Annual Fund Campaign, please indicate the amount of contribution here. *Contributions are deductible for income tax purpose as allowed by law. A letter of acknowledgement will be sent for your records. Thank you!*

9. BALANCE DUE (amount to be refunded to you by USPC)\$ _____

Chairperson/Organizer's Approval: _____

Send Check to: _____

Signature: _____

All requests for reimbursement of expenses must be accompanied by receipts. This applies to tolls, parking, meals, copies, etc. This is an IRS requirement for non-profit organizations. This voucher should be approved by your Chairperson/Organizer before submitting it to USPC for reimbursement.

FOR OFFICE USE ONLY	
Received	_____
Approved	_____
Date Paid	_____
GL#	_____