



**OTSEGO RIVER RIDERS  
C/O TRISHA BJORKLUND  
9425 NAUGHTOR AVENUE  
OTSEGO, MN 55330  
www.OtsegoRiverRiders.com**

### **REIMBURSEMENT FORM**

Date of Request \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

#### **Committee:**

- Programs                       MnUSA                       Mailing/Office Supplies  
 Trail Development               Membership               Other (Miscellaneous)

#### **Expense Summary:**

<b>DATE</b>	<b>RECEIPT ATTACHED</b>	<b>DESCRIPTION</b>	<b>AMOUNT</b>

#### **Expense Explanation:**

Signature \_\_\_\_\_ Date Paid \_\_\_\_\_ Check # \_\_\_\_\_

**SNOW HAPPENS..... TRAILS DON'T**