



# 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.

<b>FOR OFFICE USE ONLY</b>	
Received	_____
Approved	_____
Date Paid	_____
GL#	_____