



Voucher Reimbursement Request

Complete this form and email to area2adultrider@gmail.com

Adult Rider Member Info

Name:	
Email:	
Mailing address for reimbursement:	

I have completed my minimum volunteer hours requirement. (Check box)

Volunteer hours must be recorded and verifiable in VIP: <https://www.eventingvolunteers.com/>

Educational Activity Info

Title:	
Location:	
Date:	

EDUCATIONAL ACTIVITIES MUST BE USEA REGISTERED ACTIVITIES:

<https://useventing.com/safety-education/educational-activities>

Attach Proof of Payment and Attendance

Proof of attendance, e.g., email or screenshot showing organizer payment confirmation, assignment of ride time, etc.

Amount of Reimbursement Requested: _____

To be completed by Area 2 Adult Rider Coordinator

Amount of Reimbursement: _____

Approved by: _____

Date: _____