



**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:**

DATE	RECEIPT ATTACHED	DESCRIPTION	AMOUNT

**Expense Explanation:**

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

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