EXPENSE REIMBURSEMENT FORM

Northwest Montana Back Country Horsemen
A 501(c)(3) Non-profit Organization

Submit to: info@nwmtbch.org

DATE: _____

NAME: _____

PURPOSE OF EXPENSE: _____

_____

_____

Total Amount: $ _____

Mileage reimbursement: $0.725 per mile (IRS 2026 standard business rate)
(Itemize miles driven and the reason in 'Purpose of Expense' above. Rate matches IRS guidance and updates annually.)

Please attach receipt(s) below or on a separate sheet.

☐ **See attached receipts**

_____
Signature

For Treasurer use only:

Reimbursed by: _____ **Date:** _____

Amount: $ _____ **Check No(s):** _____