

# Beartooth BackCountry Horsemen

## Reimbursement form

Please fill out the form, scan and attach receipts and email to [beartoothhorsemen@gmail.com](mailto:beartoothhorsemen@gmail.com) Or mail form and receipts to BBCH, Box 614, Absarokee, MT 59001

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**Date** \_\_\_\_\_

**Submitted by** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Send check to** \_\_\_\_\_

**Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

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Description of purchase		Amount
Non-Hauling Mileage: # of Miles	\$ 0.67 per mile	_____
Stock Hauling Mileage: # of Miles	\$1.12 Per mile	_____
Number of Stock:	\$20 per head	_____
_____		_____
_____		_____
	<b>Total</b>	_____

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### Treasurer use only

**Check number** \_\_\_\_\_ **Amount** \_\_\_\_\_ **Date** \_\_\_\_\_

**Budget category** \_\_\_\_\_