



Oregon Motorcycle Riders Association

## OMRA Request for Reimbursements

27941 NW Green Mountain Rd.

Banks OR 97106

Phone: 503-481-9914

Email: james@omraoffroad.com

Officer, Referee, and or Members Name: \_\_\_\_\_

Address : \_\_\_\_\_

Committee approval: \_\_\_\_\_

Purpose of expense: \_\_\_\_\_

Date	Description	Transportation/Mileage	Event	Role Performed	Other	Total
Column Totals						
					Subtotal	
					Less cash advanced	
					Total owed to you	
					Total due	

Officer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

**Receipt must be attached to form in order to get reimbursed for expense!**

**Please provide name and address to have check mailed for reimbursement.**