

American Horse Trials Foundation, Inc.

363 North Loomis St.
Southwick, MA 01077

413-454-4158 - telephone

Email: ahtf@att.net

GRANT DISBURSEMENT REQUEST

Rider

Event and Time Period Covered

Location

These expenses were incurred in the pursuit of national or international amateur athletic competition. The competitor shall submit a Grant Disbursement Request form supported by original invoices before claims for reimbursement can be honored.

TYPE OF EXPENSE:

- Entry fees \$ _____
- Transportation - Rider & Groom _____
- Transportation - Horse _____
- Fundraising _____
- Lodging - Rider & Groom _____
- Meals - Rider & Groom _____
- Board/Stabling _____
- Veterinary Expense _____
- Coaching/Training _____
- Farrier _____
- Miscellaneous (Itemize over \$25) _____

TOTAL REQUESTED \$ _____

Signature of Rider

Date

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This area for AHTF use

Check number

Amount

Date