



TROPHY REIMBURSEMENT

United States Polo Association
 9011 Lake Worth Road
 Suite A
 Lake Worth, FL 33467
 800-232-USPA (8772) FAX 888-391-7410

DATE: _____

Invoice #: _____

(To be filed by USPA)

Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Social Security # or EIN-as appears on tax return: _____

Direct Deposit(ACH) Info: ROUTING #: _____ ACCOUNT #: _____

Bank Name: _____ ACCOUNT TYPE: CHECKING SAVINGS

Please be advised that some state government agencies may require withholding for individuals and corporations in relation to services performed.

DEPARTMENT		LOCATION OF WORK PERFORMED--CITY & STATE
DATE	DESCRIPTION OF SERVICE/REIMBURSEMENT	AMOUNT
Signature: _____		TOTAL
Director's Signature: _____		

INTERNAL USE ONLY: ACCOUNT CODE: _____