



**Mailing Address**  
P.O. Box 6477  
Annapolis, MD 21401

Maryland Therapeutic Riding, Inc.

**Location**  
1141 Sunrise Beach Rd  
Crownsville, MD 21032

## Outside Funding Invoice Request

**Rider's FULL Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Session Funding is Requested for:** \_\_\_\_\_

**Please provide the following information: Invoices will be sent in pdf format and take 72 hours to process.**

**Name of Funding Organization:** \_\_\_\_\_

**Complete Mailing Address:** \_\_\_\_\_

**Case Contact (full name):** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Amount of Money Requested:** \_\_\_\_\_ **Session Funded:** \_\_\_\_\_

**NOTE:** A copy of your funding approval letter must be submitted to MTR with your registration form.

**THIS PORTION FOR OFFICE USE ONLY: Funding - Accepted or Denied (circle one)**

**Organization Billed:** \_\_\_\_\_ **Invoice #:** \_\_\_\_\_ **Amount of Invoice: \$** \_\_\_\_\_

**Payment Received from:** \_\_\_\_\_ **Check #:** \_\_\_\_\_ **Amount Received : \$** \_\_\_\_\_

**Sessions Covered:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

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