Tri-State
Dressage Society
Reimbursement Expense Report

Name		Phone Number:	
Address			
City/State/Zip			
Date	Expenditure	Reason	Amount
FOR OFFICE USE ONLY		DO NOT WRITE BELOW SHADED AREA	
	Date received by office:		
Date Paid	Reimbursement Check Payee	Check Number	Amount
Submit Form To: TSDS Secretary,	Marty Taylor-Harper, 1746 Cedar Hill Rd., Keithville, LA 71047		