Tri State
Dressage Society
Reimbursement Expense
Report

YOUR NAME _____
Address _____
City/State/Zip _____

Date	Expenditure	Reason	Amount

FOR OFFICE USE ONLY **DO NOT WRITE BELOW THIS LINE**

Date Received Form: Delivery Method:

DATE PAID	REIMBURSEMENT PAYABLE TO	TSDS CHECK NUMBER	AMOUNT

Marty Taylor-Harper
1746 Cedar Hill Road
Keithville, LA 71047

Submit this form with receipts to TSDS Treasurer:

Reimbursements processed on or after the 20th of each month