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

Submit this form with receipts to TSDS Treasurer:

Aimee Hughes
12451 Ellerbe Rd
Shreveport, LA 71115

Reimbursements on or after the 20th of each month