# Tri State Dressage Society Reimbursement Expense Report

YOUR NAME _____

Address _____

City/State/Zip _____

| Date | Expenditure | Reason | Amount |
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**FOR OFFICE USE ONLY** **DO NOT WRITE BELOW THIS LINE**

Date Received Form: Delivery Method:

| DATE PAID | REIMBURSEMENT PAYABLE TO | TSDS CHECK NUMBER | AMOUNT |
|---|---|---|---|
| | | | |

Aimee Hughes
12451 Ellerbe Rd
Shreveport, LA 71115

Submit this form with receipts to TSDS Treasurer:

Reimbursements on or after the 20th of each month