



ROCKY MOUNTAIN DRESSAGE SOCIETY, INC.
REIMBURSEMENT REQUEST

Please reimburse me (or pay the vendor directly) for the following budgeted or approved expenses incurred in support of The Rocky Mountain Dressage Society, Inc.

Name: _____ DATE: _____

Address: _____

City, State, and Zip: _____

RMDS Committee, Project or Office: _____
(e.g. Clinics, *Centaur* Editor, Vice-President etc.)

EXPENSES

(Original and/or fully legible copies of all expense receipts must accompany this reimbursement request.)

- 1. Supplies _____
- 2. Telephone _____
- 3. Copying _____
- 4. Fees _____
- 5. Parking _____
- 6. Air fare _____
- 7. Overpaid dues _____
- 8. Other _____

Total Reimbursement Requested: \$ _____

Reimbursement authorized by: _____
(Signature)

Mail to: Sharon Soos – 33500 Meadow Hill Lane – Elizabeth, CO 80107
303-904-7534 sksoos@mesanetworks.net

(RMDS Office Use Only)

Date Paid: _____ RMDS Check #: _____