State of Maine Dressage Association

~Request for Reimbursement Form~

(PLEASE PRINT CLEARLY)

•	icti: Iotal A	mount of Request:	
lame:		(Name of Individual check payable to))
ddress:			
ity, State, Zip	:		
hone:		Email:	
List all 1	ransactions requiring reimbursemen	nt. Form must be completed & signed	
urchase Date:	Individual/Vendor/Retail Store Name:	Event or Reason For Purchase:	Amount:

VENDOR AND/OR STORE RECEIPTS MUST BE ATTACHED TO THIS FORM

Mail Form and Receipts to SMDA Treasurer: Lorna Carter, 4 Gardner's Crossing, York, ME 03909 PH: 603-498-6276 Email: pcarter5@maine.rr.com