# State of Maine Dressage Association

**Request for Reimbursement Form**
**(Please print clearly)**

Date of Request:_____ Total Amount of Request:_____

Name:_____ (name of individual check payable to)

Address:_____

City, State, Zip:_____

Phone:_____ Email:_____

List all transactions requiring reimbursement. Form must be completed & signed.

| Purchase Date: | Individual/Vendor/Retail Store Name: | Event or Reason for Purchase: | Amount: |
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Requester's Signature:_____

****Vendor and/or store receipts must be attached to this form****

Mail form and receipts to SMDA Treasurer:
Cindy Cox, 9 Cherryfield Ave, Saco, ME 04072
PH: 207-229-2328 Email: ccox3022@gmail.com