## **State of Maine Dressage Association**

## Request for Reimbursement Form (Please print clearly)

ate of Request:_	Total Amount of Request:		
lame:		(name of individual check	payable to)
Address:			
City, State, Zip:			
Phone:		Email:	
	List all transactions requiring	g reimbursement. Form must be completed & si	gned.
Purchase Date:	Individual/Vendor/Retail Store	e 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: Kia Carpentier, 53 Fellows St. South Portland, ME 04106 Email: kamainia124@yahoo.com