

Northern Ohio Dressage Association

**Expense Reimbursement Form**

|  |  |
| --- | --- |
| **DATE** |  |
| **NAME** |   |
| **ADDRESS** |   |
| **CITY/STATE/ZIP** |   |
| **PHONE** |   |
| **EMAIL** |   |

|  |  |
| --- | --- |
| **EVENT**  | Choose an item. |
| **EVENT DATE(S)** | Click or tap to enter a date. |

|  |  |  |
| --- | --- | --- |
| **CATEGORY** | **DETAIL** | **AMOUNT** |
| Choose an item. |   |  |
| Choose an item. |   |   |
| Choose an item. |   |   |
| Choose an item. |   |   |
| Choose an item. |   |   |
| Choose an item. |   |   |
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|  |   |   |
|  |   |   |
|  | **TOTAL** |  |

**IMPORTANT INFORMATION**

* **Receipt copies for expenses claimed MUST be included with this Expense Reimbursement Form.**
* **Two ways to submit Expense Reimbursement(s) request and receipt copies:**
	+ **US Mail to: Dee Liebenthal, NODA Treasurer, 783-3 Claridge Lane, Aurora, OH 44202**
	+ **E-mail scanned reimbursement form and all receipts to:** **Treasurer@nodarider.org**
* **Expenses must be submitted no later than 30 days after the event for which it was incurred
to be eligible for reimbursement.**
* **Questions? Contact Dee at** **Treasurer@nodarider.org**

***Northern Ohio Dressage is a 501c3 Non-Profit Organization*** [***www.NodaRider.org***](http://www.NodaRider.org) ***Form 7/2018***