

Northern Ohio Dressage Association

**Expense Reimbursement Form**

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| --- | --- |
| **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**](mailto: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**](mailto:Treasurer@nodarider.org)

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