

INDIANA DRESSAGE SOCIETY
Expense Reimbursement Form

Date: _____

Name: _____

Address: _____

City: _____ State: _____ ZIP _____

Phone: _____

Amount	Category (see below)	Project	Description
\$	Total Amount		

Signed: _____

Attach original receipts (if possible) or other substantiation and send to:

Indiana Dressage Society
Barb Levy, Treasurer
330 North Mill Creek Road
Noblesville, IN 46060
babsl330@yahoo.com
317.773.4532

Category List

- | | | |
|-----------------------|-------------------------------------|------------|
| Administrative | Annual Awards | Newsletter |
| Education | Equipment | Marketing |
| Membership Office | Annual Meeting/Year-End Celebration | |
| Horse Shows: | | |
| May Schooling | Indiana Dressage Festival | |
| July Schooling | Sept Schooling/Ride-Offs | |
| Indy Dressage Classic | | |

For IDS Staff Only:		
Amount Paid \$ _____	Check # _____	Date: _____

AUTHORIZED BY: _____