



Kansas Dressage and Eventing Association

Payment and Reimbursement Form

Make check out to: _____

Address to send check: _____

Check amt requested: \$ _____

Reason for expenditure:

Membership _____

Schooling shows _____

Recognized show _____

Education _____

Newsletter _____

Publicity: _____

Other: _____

Please attach receipts.

Date and Signature of requestor/or approval from KDEA officer:

Date: _____ Signature _____

To be completed by KDEA Treasurer:

Check # _____ Check date: _____ Date countersigned: _____

Budget category \$ amt Budget category \$ amt
