

Nebraska Dressage Association Payment Request



Please reimburse me (or the following vendor directly) for the following budgeted or approved expenses incurred in support of NDA. Attached are original or fully legible copies of all expense receipts.

Today's date: _____ Check payable to: _____

Address: _____

City, State, Zip: _____

Expenses:

Project Category (e.g. Newsletter, Membership, Classic, Year-End Awards, etc.)	Expense description	Where purchased	Amount (attach receipts)

TOTAL: \$ _____

Signature: _____

Authorization Signature: _____
(i.e. Committee Chair, Competition Manager or NDA President)

Mail or email to:

Carrie Cross • 5220 S 50th St • LincolnNE 68516 • treasurer@NebraskaDressage.org

(NDA Treasurer' Use Only) Date Paid: _____ NDA Check #: _____