

# 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:

*Sara Loseke • PO Box 43 • Bennet NE 68317 • treasurer@NebraskaDressage.org*

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