



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 _____
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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____