



# *Kansas Dressage and Eventing Association (KDEA)*

## Reimbursement Form

**Requestor Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Would you like the check mailed to your home address? Yes or No

If No, how would you like to receive it? \_\_\_\_\_

**Expense Summary:**

Date of Expense: \_\_\_\_\_ Amount of Expense: \_\_\_\_\_

Reason for Expense: \_\_\_\_\_

Date of Expense: \_\_\_\_\_ Amount of Expense: \_\_\_\_\_

Reason for Expense: \_\_\_\_\_

Date of Expense: \_\_\_\_\_ Amount of Expense: \_\_\_\_\_

Reason for Expense: \_\_\_\_\_

Date of Expense: \_\_\_\_\_ Amount of Expense: \_\_\_\_\_

Reason for Expense: \_\_\_\_\_

**Please attach receipts to this document, and mail the completed form to the KDEA Treasurer. Please note that any expenses incurred on behalf of KDEA must be discussed/approved by the Officers and the Board.**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

KDEA Treasurer - Hillary Akers, 538 S Quentin Street, Wichita, KS 67218