



ROCKY MOUNTAIN DRESSAGE SOCIETY, INC.  
REIMBURSEMENT REQUEST

**Please reimburse me (or pay the vendor directly) for the following budgeted or approved expenses incurred in support of The Rocky Mountain Dressage Society, Inc.**

**Name:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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

**City, State, and Zip:** \_\_\_\_\_

**RMDS Committee, Project or Office:** \_\_\_\_\_  
(e.g. Clinics, *Centaur* Editor, Vice-President etc.)

EXPENSES

(Original and/or fully legible copies of all expense receipts must accompany this reimbursement request.)

- 1. Fees: \_\_\_\_\_
- 2. Mileage \_\_\_\_\_
- 3. Facility \_\_\_\_\_
- 4. Refund \_\_\_\_\_
- 5. Other \_\_\_\_\_

**Total Reimbursement Requested: \$** \_\_\_\_\_

Reimbursement authorized by: \_\_\_\_\_  
(Signature)

Mail to: Shannon Lemons – 4770 Old Ranch Road, Colorado Springs, CO 80908  
[treasurer@rmds.org](mailto:treasurer@rmds.org)

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(RMDS Office Use Only)

Date Paid: \_\_\_\_\_ RMDS Check #: \_\_\_\_\_