



Northern Ohio Dressage Association

Expense Reimbursement Form

DATE	
NAME	
ADDRESS	
CITY/STATE/ZIP	
PHONE	
EMAIL	

EVENT	Choose an item.
EVENT DATE(S)	Click or tap to enter a date.

CATEGORY	DETAIL	AMOUNT
Choose an item.		
Choose an item.		
Choose an item.		
Choose an item.		
Choose an item.		
Choose an item.		
	TOTAL	

IMPORTANT INFORMATION

- Receipt copies for expenses claimed **MUST** be included with this Expense Reimbursement Form.
- Two ways to submit Expense Reimbursement(s) request and receipt copies:
 - US Mail to: Dee Liebenthal, NODA Treasurer, 783-3 Clairidge Lane, Aurora, OH 44202
 - E-mail scanned reimbursement form and all receipts to: Treasurer@nodarider.org
- Expenses must be submitted **no later than 30 days** after the event for which it was incurred to be eligible for reimbursement.
- Questions? Contact Dee at Treasurer@nodarider.org