



# Reimbursement Form

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Show (circle one):      Aristocats      Guys & Dolls

### Affected Committee

- |                                       |  |  |
|---------------------------------------|--|--|
| <input type="checkbox"/> Cast Party   | <input type="checkbox"/> Photos            | <input type="checkbox"/> Sets                    |
| <input type="checkbox"/> Concessions  | <input type="checkbox"/> Playgrams         | <input type="checkbox"/> Sound                   |
| <input type="checkbox"/> Costumes     | <input type="checkbox"/> Preview Night     | <input type="checkbox"/> Supervision             |
| <input type="checkbox"/> DVD          | <input type="checkbox"/> Program           | <input type="checkbox"/> Tshirts                 |
| <input type="checkbox"/> Green Room   | <input type="checkbox"/> Props             | <input type="checkbox"/> Tickets                 |
| <input type="checkbox"/> Hair/make up | <input type="checkbox"/> Publicity         | <input type="checkbox"/> Miscellaneous (explain) |
| <input type="checkbox"/> Lighting     | <input type="checkbox"/> Royalties/scripts | _____  |

### Reimbursement (attach all receipts)

Date	Description	\$Amount
Total due		

Send Check to:

Payee: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Cannot approved reimbursement to self