

## REIMBURSEMENT FORM

**PLEASE MAKE SURE ALL ITEMS ARE FOR THE SAME MONTH, OR FILL OUT SECOND FORM.**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

**E-MAIL** \_\_\_\_\_

phone      hm- \_\_\_\_\_ cell- \_\_\_\_\_

**Reimbursement / in kind donation / or Debit Card? Circle one please.**

CATEGORY and EVENT (postage,props/sets,printing, sound, etc)	TOTAL AMOUNT (of each category)	DATE each item
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
<b>GRAND TOTAL</b>	<b>\$ _____</b>	_____

ALL RECEIPTS MUST BE ATTACHED AND SUBMITTED BEFORE **JUNE 30TH**