AMATEUR THEATRE EXPENSE REIMBURSEMENT FORM

Name: _____ **Date:** _____

Name of Production (if applicable): _____

(If all items are not for the same production, please note on this form which production each item applies to and date of production: i.e., Duck 8/05/2006)

Type of Production (check all that apply):

Matinee Theatre ☐ **Readers Abroad** ☐ **Musical /Stage** ☐ **Other** ☐

Description Of Item(s) Purchased (*Attach receipt(s) to back of form):

Item	**Cost**
Total Requested Reimbursement	$ 0.00

*** There will be no reimbursement without receipts**

Check Payable To: _____

Notes: _____

_____

VAT Reimbursement Form: Revised 19 November 2017