

## 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** \_\_\_\_\_ **Readers** \_\_\_\_\_ **Musical** \_\_\_\_\_  
**Theatre** \_\_\_\_\_ **Abroad** \_\_\_\_\_ **/Stage** \_\_\_\_\_ **Other** \_\_\_\_\_

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

Item	Price	
	\$	
<b>Total Requested Reimbursement</b>	<b>\$</b>	

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

**Make Check to:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

\_\_\_\_\_