

THEATRE PRODUCTION

REIMBURSEMENT FORM OR CHECK REQUEST

AMOUNT REQUESTED: \$ _____

This form is designed to be completed electronically. Please fill in blue areas, print and submit.

CATEGORIZE

Select One:

WGMS

WGHS

Select One:

Show. Name: _____

Thespian Troupe

Rammys

If this is for a show, please select one from the list below:

Rights/Licensing/Materials/Logo Pack

Costumes/Hair/Makeup

Programs/Publicity (Posters, etc.)

Concessions (food, flowers, Messages to the Stars, etc.)

Front of House Misc. (tickets, theatre signs, etc.)

Sets/Props

Tech Supplies

Other

MAKE PAYABLE TO:

NAME: _____

ADDRESS1: _____

ADDRESS2: _____

CITY/STATE/ZIP: _____

Must complete address section to receive check by mail. Otherwise will give to approver for distribution

Description of purchase (one line per receipt)

AMOUNT

1

2

3

4

5

6

7

TOTAL AMOUNT: _____

ATTACH ORIGINAL RECEIPT OR INVOICE for each item listed - incomplete documentation will be returned

SUBMITTED BY: _____

Signature

Print Name

APPROVED BY: _____

WGPAB Parent Producer Approval Signature

FOR PAB TREASURER USE ONLY

PAB PRESIDENT APPROVAL SIGNATURE

CHECK #/DATE: _____ / _____

RELEASED BY: _____

RELEASED DATE: _____

RELEASED METHOD: _____