



Reimbursement Form

Submitted by: _____ Date: _____

Show (circle one): Bye Bye Birdie Drowsy Chaperone Camp (specify) _____
 Other: _____

Affected Committee

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