



REIMBURSEMENT FORM

Show: _____
Date: _____
Name of Person Seeking
Reimbursement _____
Complete Mailing Address: _____

Social Security Number: _____
Phone: _____
E-mail: _____

No reimbursements will be made without receipts.

Expenses are to be charged for the following categories:

Example:	\$100.00	Costumes
	\$22.50	Sets
Total	\$122.50	

TOTAL TO BE PAID: \$ _____

Producer's signature: _____