



# EXPENSE REIMBURSEMENT

Name:

Address:

Phone:

Email:

Expense Period

From:

To:

Show/Production/Department  *Props, Costume, etc.*

**Notes on Purchases:**

**Category Examples**

*Costumes, Props, Set, Lighting, Sound, etc.*

## Itemized Expenses

DATE	ITEM/DESCRIPTION	CATEGORY	COST

**SUBTOTAL:**

Less Cash Advance (if applicable):

**TOTAL REIMBURSEMENT:**

**ALL RECIEPTS MUST BE ATTACHED!**

*Volunteer Reimbursements will be applied to all account balances, and as credit - when applicable.*

Volunteer/Employee Signature

Date

Approval Signature

Date