

AVCT Reimbursement Form

Name: _____

Date: _____

Email: _____

Phone: _____

Activity for which expense was incurred: **SCHOOL PLAY**

Check Department for which expense was incurred. **SUBMIT A SEPARATE FORM FOR EACH DEPT.**

<input type="checkbox"/> Cast Party	<input type="checkbox"/> Equipment	<input type="checkbox"/> Janitorial Fees	<input type="checkbox"/> Printing	<input type="checkbox"/> Snacks
<input type="checkbox"/> Concessions	<input type="checkbox"/> Goodie Grams	<input type="checkbox"/> Licensing/Materials	<input type="checkbox"/> Props/Sets	<input type="checkbox"/> Sound
<input type="checkbox"/> Costumes	<input type="checkbox"/> Hair	<input type="checkbox"/> Lighting	<input type="checkbox"/> Rentals	<input type="checkbox"/> Supplies
<input type="checkbox"/> DVD/Photo	<input type="checkbox"/> Insurance	<input type="checkbox"/> Make-up	<input type="checkbox"/> Royalties	<input type="checkbox"/> T-Shirts
<input type="checkbox"/> Other (Specify:) _____				

Payment is hereby requested for the following expenses (description of item(s) purchased):

(Attached all bills and receipts)

Reason for Purchase (i.e. printing of programs, snacks for play rehearsals, etc.)

Department Chair Approval: _____ Total Amount: \$ _____

Make Check Payable to: (if different from above) _____

Check One:

Mail Check To: _____

Other: _____

Please allow 1 week for processing.

TREASURER USE ONLY:

Date Paid: _____

Exp Category: _____

Check # _____