

SLCT Expense Reimbursement Form

Name of Play: _____ Date: _____

Expense Category (Check One):

<input type="checkbox"/> Scripts	Printing:	<u>Special Effects:</u>	<u>Description:</u>
<input type="checkbox"/> Royalties	<input type="checkbox"/> Programs	<input type="checkbox"/> Sound	_____
<input type="checkbox"/> Props	<input type="checkbox"/> Tickets	<input type="checkbox"/> Lights	_____
<input type="checkbox"/> Costumes	<input type="checkbox"/> Flyers	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Set	<input type="checkbox"/> Posters		_____
<input type="checkbox"/> Make Up	<input type="checkbox"/> Table Tents		_____
<input type="checkbox"/> Centerpieces	<input type="checkbox"/> Signs		_____

Reimburse to (Print): _____ Amount: _____

Director (Signature): _____

INSTRUCTIONS: If the expense is SLCT related but not specifically for a play, enter GENERAL in the Name of Play, describe the expense on the Description line, and have it signed by a Board member. Examples include: cost of printing membership directories, replacing or repairing risers, etc.

Date received _____ Date paid _____ Check number _____ Initialed _____

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