SUN CITY PLAYERS COMMUNITY THEATER

EXPENSE REIMBURSEMENT REQUEST

(Form Effective Oct 1, 2021)

(This sheet is to be given to the Production Manager of the production or Executive Board designee who has APPROVAL authority for signature.)

NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

PRODUCTION/CATEGORY: _____

PRODUCTION MANAGER/EXECUTIVE BOARD REP: _____

ITEMS PURCHASED	WHERE PURCHASED	AMOUNT

RECEIPTS ATTACHED: Y N Total:

APPROVED BY: _____

DATE SUBMITTED: _____/_____/_____

DATE PAID: _____ CHECK NO:_____