



REIMBURSEMENT REQUEST

All requests for reimbursement must be accompanied by receipts attached securely to the back of this form. All requests for reimbursement should be submitted to the producer within **2 weeks of the purchase date**; producer is responsible for approval and submission to the treasurer. See reimbursement policy on production team contract.

Payable to: _____

Address: _____

Phone: _____

Email: _____

Production: _____

Please indicate the category of the expenditure so the appropriate budget can be charged.

Group receipts in categories and put the total in for each category.

CATEGORY	TOTAL	COMMENTS
Advertising		
Scripts		
Costumes		
Props		
Sets		
Sound/Lights		
Publicity/Promo		
Misc. Production Expenses		
Other (Please Specify)		
Grand Total to be Reimbursed	\$	

I hereby certify that the above is a true and correct statement of expenses incurred by me in the service of the Geneva Theatre Guild.

Signature

Date

I hereby certify that the items as described on this invoice have been received and payment is approved.

Producer's Signature

Date

I hereby certify that payment has been made for the expenses on this invoice. Check #

Treasurer's Signature

Date