



**Production:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

Approvals	
<b>Committee:</b>	
<b>Producer:</b>	
<b>Treasurer:</b>	

**\*\*PLEASE ATTACH RECEIPTS FOR ALL PURCHASES**  
Submit all reimbursement requests to your director or the producers for recording and approval

Department	Item or Vendor	Date	Amount
Production Set			
Costuming			
Properties			
Sound			
Lighting			
Advertising			
Other			
<b>For office use:</b>			<b>Total:</b>
Check#:	Date:	Amount:	