## **EXPENSE REIMBURSEMENT FORM**

**POLICIES**

* Form must be filled out completely.
* Send reimbursement form, original receipts and backup statements (if applicable) to:
Valley Musical Theatre, PO Box 1551, Ellensburg, WA 98926
* If submitting electronically, please PDF report, backup statements and receipts into ONE document and email to valleymusicaltheatre@gmail.com.
* If related to a specific production, form and receipts must be submitted within 30 days of the end of the production.

**CONTACT DETAILS:**

Name: Phone:

Address (to mail check to):

City:, State: Zip:

**EXPENSE DETAILS:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **$ Amount** | **Vendor/Where Purchased** | **Description** | **Production related? Y/N** | **Specific Production** | **OFFICE USE ONLY - CODE** |
|  | **$** |  |  | [ ] **Y** [ ]  **N**  |  |  |
|  | **$** |  |  | [ ] **Y** [ ]  **N**  |  |  |
|  | **$** |  |  | [ ] **Y** [ ]  **N**  |  |  |
|  | **$** |  |  | [ ] **Y** [ ]  **N**  |  |  |
|  | **$** |  |  | [ ] **Y** [ ]  **N**  |  |  |
|  | **$** |  |  | [ ] **Y** [ ]  **N**  |  |  |
|  | **$** |  |  | [ ] **Y** [ ]  **N**  |  |  |
|  | **$** |  |  | [ ] **Y** [ ]  **N**  |  |  |
| **TOTALS** |  |  |  |  |  |  |

Signature: Date Submitted:

For Office Use Only: [ ] Approved [ ] Not Approved [ ] Amended Date Processed:

Check # Notes: