

Reimbursement Form

***PLEASE NOTE: Reimbursement will NOT be considered without receipt/s.



Requester Name:

Phone:

Email:

REQUEST DATE:

Make checks payable to:

Name:

Address:

City/State:

Zip:

Receipts Attached

Receipts Emailed

(boxoffice@firstactkc.org)

Semester/Show Session: FALL WINTER SPRING SUMMER

Location:

Show/Class:

Itemized Expenses

One row per receipt. Attach or include digital images of receipts.

ITEM	DATE	DESCRIPTION	COMMITTEE	COST
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Note: Please use additional form/s if more lines are needed.

TOTAL:

Don't forget to include receipts!

Approval

<input type="text"/>	<input type="text"/>
Signature of Committee Chair	Date
<input type="text"/>	<input type="text"/>
Signature of Production Coordinator	Date
<input type="text"/>	<input type="text"/>
Signature of Executive Director	Date

Turn in or mail signed forms to the First Act Office at 6800 W. 153rd St. Suite A, Overland Park, KS 66223.

Please note: Requests for payments received later than two weeks after the closing date of the show will be considered a donation. Donation receipts available on request.