

SUN CITY COMMUNITY THEATRE

REIMBURSEMENT FORM:

You must have special permission from the Production Manager or Second Vice President to spend over \$25 on a club purchase. Your receipt(s) must be attached to this form to receive your reimbursement.

NAME: _____

PHONE # _____ **EMAIL:** _____

Circle Reason:

Expenses for: PLAY OFFICE PROMOTION CLASS OTHER: _____

1. STORE/REASON: _____ AMOUNT: _____ \$ _____

2. STORE/REASON: _____ AMOUNT: _____ \$ _____

3. STORE/REASON: _____ AMOUNT: _____ \$ _____

TOTAL: _____ \$ _____

DATE CHECKED RECEIVED: _____ **CHECK #** _____

CHECKED RECEIVED BY: _____

This form is kept by the Treasurer. (April 20, 2021)

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