



Playcrafters Reimbursement Request

Please submit all requests within 30 days of actual expense

Today's Date: _____

Reimburse to: _____

Address: _____

City/State/Zip: _____

Phone # or email: _____

RECEIPTS MUST BE ATTACHED!

<u>Items purchased</u>	<u>Purchased from?</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Amount: _____

Name of show: _____

Reason for purchase/production area: (lights, costumes, etc) _____

Director/Producer approval: _____ Date: _____

Please submit form with attached receipts to:

Playcrafters of Skippack
PO Box 1508
Skippack, PA 19474