



TheatreMidwest REIMBURSEMENT FORM

Please use this form in order to be reimbursed by TheatreMidwest for approved expenses. Be sure to attach the original receipt(s) to this form and submit to Producer or Associate Producer. It is recommended that you make a copy of receipts for your own record. Please note that if an expense is reimbursed by TheatreMidwest, the items purchased are the property of TheatreMidwest with the exception of items that cannot be re-used (i.e. make-up, food, opened drinks, etc. or damaged items). **Expenses cannot be reimbursed without receipts and a signed copy of this form. Reimbursement form must be submitted within 30 days of purchase for reimbursement.**

Please Make Check Payable to (person being reimbursed):

FULL NAME: _____

EMAIL: _____ **PHONE:** _____

COMPLETE MAILING ADDRESS: _____

Date of Purchase	Item	Vendor/Store	Category	Cost
				\$
				\$
				\$
				\$
				\$
				\$
TOTAL			\$	

Signature

Date

For Admin use only

Project:

Date Submitted:

Date Reimbursed: