

# Arlington Children's Theatre Reimbursement Form

**Production:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

Approvals	
<b>Committee:</b>	
<b>Producer:</b>	
<b>Treasurer:</b>	

Be sure to attach receipts for all expenses.  
 Items purchased for ACT are tax exempt. Ask about which stores have our tax exempt status on file.  
 Submit all reimbursement requests to your committee chair or the producers for recording and approval.

Date	Item	Vendor	Committee	Amount
			<b>Total:</b>	



For office use:	
<b>Check #:</b>	
<b>Date:</b>	
<b>Amount:</b>	

Form Date: 9/27/2008