

REQUEST FOR PAYMENT/REIMBURSEMENT

AVES Theatre Boosters

DATE: _____

AMOUNT OF PAYMENT: _____
(Receipt(s) or invoices must be attached; If sales tax was paid, do not include in total here)

SUBMITTED BY: _____ Phone: _____

Email address: _____

CHECK PAYABLE TO: _____

ADDRESS:
(Send check to:) _____

- CATEGORY (check one):**
- | | | |
|---|---|---|
| <input type="checkbox"/> Advertising, Publicity, Head Shots, Ticket Printing | | |
| <input type="checkbox"/> Cast T-shirts | <input type="checkbox"/> Cast Party/Dinners | <input type="checkbox"/> Concessions, Flowers |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Professional Fees | <input type="checkbox"/> Director's Discr. Fund |
| <input type="checkbox"/> Set Construction, Props, Costumes, Equipment Repairs | <input type="checkbox"/> Royalties, scripts, etc. | |
| <input type="checkbox"/> The League | <input type="checkbox"/> Operating Expense | <input type="checkbox"/> Summer Show |
| <input type="checkbox"/> Unknown | | |

EXPLANATION of EXPENSE: _____

Email request to: joel.s.kling@gmail.com

For more information or questions contact: **Joel Kling**
Phone: 513-404-9933

For Treasurer's Use Only

Check # _____
Date Paid: _____
Check Amt: _____

Aves Theatre Boosters is a 501(c)3 tax-exempt organization.