

**CHAPEL STREET PLAYER
CASH REIMBURSEMENT REQUEST**

NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 REASON FOR PURCHASE _____
 PRODUCTION NAME _____

ITEM DESCRIPTION	AMOUNT
TOTAL	

!!! ATTACH ALL RECEIPTS !!!
 ITEMS WITHOUT RECEIPTS WILL NOT BE REIMBURSED

Signature: _____ Date: _____
 REQUESTS NOT APPROVED BY DIRECTOR OR BOARD MEMBER
 WILL NOT BE REIMBURSED

Approve by: _____ Date: _____
 AUTHORIZED SIGNATURE

FOR TREASURER'S USE ONLY			
ACCT	CHECK#	DATE	AMOUNT

**CHAPEL STREET PLAYER
CASH REIMBURSEMENT REQUEST**

NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 REASON FOR PURCHASE _____
 PRODUCTION NAME _____

ITEM DESCRIPTION	AMOUNT
TOTAL	

!!! ATTACH ALL RECEIPTS !!!
 ITEMS WITHOUT RECEIPTS WILL NOT BE REIMBURSED

Signature: _____ Date: _____
 REQUESTS NOT APPROVED BY DIRECTOR OR BOARD MEMBER
 WILL NOT BE REIMBURSED

Approve by: _____ Date: _____
 AUTHORIZED SIGNATURE

FOR TREASURER'S USE ONLY			
ACCT	CHECK#	DATE	AMOUNT