CHAPEL STREET PLAYER CASH REIMBURSEMENT REQUEST		CHAPEL STREET PLAYER CASH REIMBURSEMENT REQUEST		
NAME		NAME		
ADDRESS		ADDRESS		
CITY STA	TTE ZIP	CITY	STATE	ZIP
REASON FOR PURCHASE		REASON FOR PURCHASE		
PRODUCTION NAME		PRODUCTION NAME		
ITEM DESCRIPTION	AMOUNT	ITEM DESCRIPTION		AMOUNT
	TOTAL		TOTAL	
!!! ATTACH ALL RECEIPTS !!! ITEMS WITHOUT RECEIPTS WILL NOT BE REIMBURSED		!!! ATTACH ALL RECEIPTS !!! ITEMS WITHOUT RECEIPTS WILL NOT BE REIMBURSED		
Signature:	Date:	Signature:	gnature: Date:	
REQUESTS NOT APPROVED BY DIRECTOR OR BOARD MEMBER WILL NOT BE REIMBURSED		REQUESTS NOT APPROVED BY DIRECTOR OR BOARD MEMBER WILL NOT BE REIMBURSED		
Approve by: AUTHORIZED SIGNATURE Date:		Approve by:	AUTHORIZED SIGNATURE	
FOR TREASURE	R'S USE ONLY	FOR T	REASURER'S USE ONL	7
ACCT CHECK#	DATE AMOUNT	ACCT CHECK		AMOUNT