

The A.C.T. Reimbursement Form

Submitted by: _____ Date: _____

Name on Check Issued To: _____

Phone: _____ Mailing address: _____

Description of Expenses:

	Production	Category Code	Item	Vendor	Date	Amount
1						
2						
3						
4						
5						
6						
If you have more items, please fill out and attach additional copies of this form and put total here.					Additional Pages	
					Total:	
					Grand Total:	

Submit this invoice to:

The A.C.T.
PO Box 777
Acton, MA 01720
Attn : Lynda Burgess

Audition Supplies	100	Bio Boards	108	Print/Copy	116
Cast Party	101	Photography	109	Sets	117
Costumes	102	Program Ads	110	Tickets	118
DVD	103	Fundraising	111	Lighting	119
Gifts	104	Concessions	112	Sound	120
Hair/Makeup	105	Custodians	113	T-Shirts	121
Misc.	106	Rental Space	114	Props	122
Music	107	Scripts/Royalties	115		

****Please Note:** All purchases need to be approved by Lynda. Please submit a completed reimbursement form **with receipts** to Lynda Burgess no later than 2 weeks after the show closes.