BAY CITY PLAYERS
REQUEST FOR REIMBURSEMENT OF FUNDS

PLAY: _____

Committee budget to be charged: _____

Today's date: _____

Make check payable to: _____
Address: _____
_____

Signed:_____
Email address_____

Please list amounts spent and attach receipts.
Please make a separate entry for each receipt submitted.

| Vendor | Amount spent |
|---|---|
| _____ | $ _____ |
| _____ | $ _____ |
| _____ | $ _____ |
| _____ | $ _____ |
| _____ | $ _____ |
| _____ | $ _____ |
| _____ | $ _____ |
| Total | $ _____ |

*** Please note that the Producer of the show must sign with approval any requests for reimbursements. Thank you.**

Mail to Tracy Teich
2275 Carroll Rd
Bay City, MI 48708 tracyteich@charter.net

Or leave in box for Treasurer in office at Players.