

Williamsburg Players

Reimbursement/Payment form

Date _____

Make check payable to (print): _____
 Address _____
 City/State/Zip _____
 Email Address _____
 Phone Number _____

(Attach all receipts. Checks take 10 days to 2 weeks from reception of completed form by Treasurer.)

Show or Special Event Specific Expense

Amount

Show or Event Name _____	
Costumes/Wigs/Makeup _____	_____
Props _____	_____
Set Construction, Painting, or Set Dressing _____	_____
Equipment (please list) _____	_____
Scripts or Photocopies _____	_____
Build Meal or Cast Party _____	_____
Director/Designer/Musician Honoraria _____	_____
Programs/Headshots/Lobby Dressing _____	_____
Advertising _____	_____
Other (please describe) _____	_____

Production Manager Signature _____

General Production Expense (for items approved for use across multiple events)

Lighting, Sound, or Equipment _____	
Construction or Paint Expenses _____	_____
Costume Expense _____	_____
Premier Night Catering/Invitations/Supplies _____	_____
Alcohol _____	_____
Other Concessions _____	_____

Other Expenses

Postage _____	
Box Office Equipment or Supplies _____	_____
Software _____	_____
Annual Meeting _____	_____
Recognition or Bereavement _____	_____
Volunteer Development _____	_____
Grounds Maintenance _____	_____
Building Maintenance _____	_____
Maintenance Supplies _____	_____
Publicity Expense _____	_____
Season Selection _____	_____
Other (please describe) _____	_____
_____	_____

Grand Total

Board Member Name and Signature _____

Paid Date _____