SLCT Expense Reimbursement Form

Name of Play:			Date:
Royalties	Printing: Programs Tickets Flyers Posters Table Tents	Special Effects: Sound Lights Other	Description:
Reimburse to (Print):		<u>-</u>	Amount:
	is SLCT related but not s e, and have it signed by a	pecifically for a play, ente	er GENERAL in the Name of Play, describe the es include: cost of printing membership
Date received	Date paid	Check numb	oer Initialed
Name of Play:	•	se Reimbursement l	
	Printing: Programs Tickets Flyers Posters Table Tents	Special Effects: Sound Lights Other	Description:
Reimburse to (Print):			Amount:
expense on the Description line directories, replacing or repair	is SLCT related but not s e, and have it signed by a ing risers, etc.	pecifically for a play, ente Board member. Example	er GENERAL in the Name of Play, describe the es include: cost of printing membership
Date received	Date paid	Check numb	oer Initialed