RACINE Guild Theatre

Staff/Volunteer Reimbursement Form

Name:_____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Company	Items Purchased	Production & Department	Acct. Number (Staff)	Amount	How Paid	Receipt yes/no
i.e. Walmart	Clothes	Fiddler - Costumes	107630	$151	Credit Card	Yes

Total Reimbursed _____

_____

Approved by Managing/Artistic Director