



Prairie Players

Personal Expenses Reimbursement Form

Name of Production or Event: _____

Member's Name: _____

Date: _____

Item	Production Category	Place of Purchase	G.S.T.	Total Cost
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
TOTALS			\$	\$

- Production Categories:** 1: Sets 2: Props 3: AfterGlo 4: Administration 5: Costumes
6: Make-up 7: Posters/Advertising 8: Programs 9: Other 10: Workshops
11: Canteen

*** *Please ensure all receipts are attached.* *** Signature: _____

Date Received: _____

Cheque # _____

Date Cheque Issued: _____

Amount: \$ _____