



Request for Payment Form:

All Ao1 request for payment forms **must** be submitted to the Program Director for approval & signature, along with original receipts.

Receipts submitted during production week will be reimbursed at the closing of the shows.

Receipts that are in excess of budgeted allotment will be reimbursed for the budgeted amount only, unless amount approved by Program Director prior to purchase.

Check Payable to:

Name_____

Address_____

City_____State_____Zip_____

Phone_____

Session (enter year):

SPRING_____SUMMER_____FALL_____

Expense Description:_____

Itemization & Description of Expenses:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Check Request Amount \$ _____

Please submit all receipts with this form. Please see Program Director for State Sales Tax Exempt Information prior to making purchases.

All requests for payment are due within 2 weeks of the close of the applicable production. Reimbursements will not be issued after this date.

Program Director Signature

Date

*** Reimbursements may be deducted from any outstanding balance owed Ao1.**

*** * Please attach all original receipts to this form.**