

The Colonial Players, Inc.

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REIMBURSEMENT FORM

Date: _____

Reimburse to:

Name: _____

Address: _____

Phone: _____

Email: _____

For Category, enter the category letter that corresponds to each purchase:

Show: _____

Costumes (C)
Lighting (L)
Props (P)

Set (S)
Sound (N)
Other (O)

General:

Artistic (AR)
Box Office (BO)
Education (ED)
Human Resources (HR)

Marketing (MK)
Operations (OP)
President (PR)
Production (PD)

Date	Receipt attached Y/N	Description	Category	Total
			TOTAL	

Approval:

Supervising Board Member _____

or

Producer _____

This form must be signed in order to receive reimbursement.