

# REQUEST FOR REIMBURSEMENT

**ELDEN STREET PLAYERS**  
**P. O. Box 5006**  
**Herndon, VA 20172-1960**

**Claim Date:** \_\_\_\_\_

Show Specific \_\_\_\_\_ Producer's Ok \_\_\_\_\_  
(Show's Name)

Non-Show Specific General/Admin \_\_\_\_\_ Backstage \_\_\_\_\_ Capital \_\_\_\_\_ Other \_\_\_\_\_

Check Payable to: (check will be mailed to the person getting the reimbursement unless other wise instructed)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Telephone # \_\_\_\_\_

Email \_\_\_\_\_

Please list what monies were spent and attach receipts for all items. Please circle the amount claimed or, if not the total, write in the amount claimed on each receipt. By receipt please list category ( costumes, set construction and painting, props and set dressing, makeup and hair, sound, lights, etc.) and a brief description by receipt. Any questions should be directed to the show's producer or the Executive Producer. Treasurer reserves right to make corrections to correspond with receipts.

Category	Brief Description	Amount Claimed
1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____
4.	_____	\$ _____
5.	_____	\$ _____
6.	_____	\$ _____
7.	_____	\$ _____
8.	_____	\$ _____
9.	_____	\$ _____
10.	_____	\$ _____

TOTAL Claimed \$ \_\_\_\_\_

To insure prompt accounting for each production, production staff are encouraged to submit receipts promptly and at a minimum all reimbursements must be requested within 60 days of the end of the production. Requests after that time require Executive Producer approval.

Mail form to ESP or place in Treasurer's Mailbox BACKSTAGE

For ESP use only:

Payment Sent: \_\_\_\_\_ Check #: \_\_\_\_\_ Date: \_\_\_\_\_

Blank forms can be found BACKSTAGE near the mailboxes.