



PO Box 357, Orrville, OH 44667
330.439.2051

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Request For Financial Reimbursement

Remitter Information

Name: _____ Date Submitted: _____

Phone Number: _____ Email Address: _____

Reason for Expense (check all that apply):

- Production Title _____
- Workshop Supplies
- Community Activity Materials
- Other _____

Invoice(s)/Receipt(s) Attached: **YES** **NO** *(receipts are required in order to be reimbursed)*

| Vendor | Description (purpose of Expense) | Amount |
|---------------|---|---------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Total: _____

Remitter's Signature: _____

TO BE FILLED OUT BY TREASURER

Date Member Paid: _____ Check Number: _____

Please sign that the support documents have been verified for mathematical accuracy.

Treasurer's Signature: _____ Date: _____