

THEATRE 29 INVOICE

PRODUCTION: _____

For reimbursement: Attach receipts to the back of this form & obtain Director's signature showing approval for payment. Submit to Theatre 29 Treasurer for payment.

For a Cash Advance: Annotate what the advance is for & obtain Director's signature showing approval for payment. Submit to Theatre 29 Treasurer for payment. Receipts and/or unused cash must be submitted to the Treasurer no later than 30 days after the check is cashed.

EXPENSE CATEGORY Area: _____

(Please itemize cost breakdown if more than one charge applies: i.e. Sets, Costumes, Special Effects & amount to charge to each)

Vendor: _____ Area: _____ \$ _____.

Vendor: _____ Area: _____ \$ _____.

Vendor: _____ Area: _____ \$ _____.

Vendor: _____ Area: _____ \$ _____.

Vendor: _____ Area: _____ \$ _____.

Vendor: _____ Area: _____ \$ _____.

TOTAL to Pay \$ _____

Approved to Pay: _____ *(Director Signs)*

Date: _____

Payee Completes: (Please PRINT)

MAKE PAYMENT TO: _____

MAIL PAYMENT TO: _____

(Address if mailing payment)

Office Use Only

CHECK # _____ DATED: _____

RECEIVED BY: _____ DATE: _____

Mailed To: _____ DATE: _____