NON SHOW-SPECIFIC EXPENSE

Attach all receipts even if charged to an account. Highlight/circle the items purchased.
The supervising VP/Committee Chair must approve this expenditure.

Distribution:	Amount and vendor/description of purchase:	
___ Concessions	$_____	_____
___ Box Office	_____	_____
___ Publicity/Advertising	_____	_____
___ Tech	_____	_____
___ Printing	_____	_____
___ Maintenance	_____	_____
___ House operations*	_____	_____
___ House inventory**	_____	_____
___ Other (explain below)	_____	_____

_____

Above expenditure

___ has been charged to our account with _____

___ has invoice attached, please pay

___ has been charged to a PM&L credit card

___ has been purchased by me and I request reimbursement

Date submitted: _____

By Name: _____

Address: _____

Phone / Email: _____

Total amount to be reimbursed: _____

EXPENDITURE APPROVED BY: _____ APPROVAL DATE: _____

TREASURER APPROVAL: _____ APPROVAL DATE: _____

Paid by check # _____ By: Date:

* ex: consumables such as cleaning supplies

** ex: more permanent items such as furniture