



**GRAND ISLAND
LITTLE THEATRE**

Grand Island Little Theatre
Expense Reimbursement Form
(please attach all receipts)

Requested by: _____ Date: _____

Pay to the Order of: _____

Payee Address

Payee City: _____ State: _____ Zip: _____

Check Amount: \$ _____

Purpose *(Please be specific – if show expense, specify show and specific purpose such as costumes, props, etc.):*

Send Check to:

Requester _____

Payee _____

Other *(please specify)* _____

Date to Pay: _____

Approved By *(must be approved by Director if show expense):*

Signature

Date

For Finance Officer:

Date Paid: _____

Check Number: _____