

ACTORS CIRCLE EXPENSE REIMBURSEMENT

Payable to:

Name: _____

Address: _____

City/State/Zip: _____ Phone: _____

Production Name (if play) _____

Expense Amount:

Set: _____

Costumes: _____

Props: _____

Other (specify) _____

Other (specify) _____

Total Due _____ **Date:** _____

Signature: _____

Producer's Signature (if specific play) _____