



Check Request Form

Pay To: _____ Address: _____ _____ Phone: _____	Date Requested: _____ Date Needed: _____ Requested By: _____ Requester's Phone: _____
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Total Amount: \$ _____ Budgeted Amt: ___ YES ___ NO Check One: ___ Original Payment ___ Reimbursement	DISTRIBUTION: Check One: ___ Mail ___ Call for Pick up
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Reason for Expenditure: _____

Please itemize by account below. Example: props, sets, costumes, lobby décor

Receipts must be attached for reimbursement.

Account: _____	Show: _____	Amount: \$ _____
Account: _____	Show: _____	Amount: \$ _____
Account: _____	Show: _____	Amount: \$ _____
Account: _____	Show: _____	Amount: \$ _____
Account: _____	Show: _____	Amount: \$ _____

Approvals	
Producer: _____	Date: _____
Other: _____	Date: _____
Executive Producer: _____	Date: _____