



SUN CITY COMMUNITY THEATRE



Reimbursement and Advance Payment Request

Date: _____

I request reimbursement or advance payment in the amount of
\$_____ for my purchase(s) of the following item(s).

Submitters: please be advised that:

- Receipt(s) must be attached for reimbursement. Receipts for advance payments must be submitted within three days of the purchase.
- Requests for payment must be signed by the producer and requestor. Requests for payment in excess of \$500.00 must also be signed by a member of the Executive Board.

Advance Payment: Make check payable to: _____

<u>Description</u>	<u>Event or Category</u>	<u>Cost</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Printed Name, Address & Telephone # of Requestor

Requestor's Signature

Producer's Approval

Signature of Board Member if over \$500.00

Paid (For Treasurer's Use)

Date _____ Check # _____

Submit this form and all materials to SCCT Treasurer, Kevin McKeon, 41 Nightingale Ln, 705-6502.