



# SUN CITY COMMUNITY THEATRE



## Reimbursement and Advance Payment Request

**Date:** \_\_\_\_\_

I request reimbursement/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 requestor and director/producer. 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/Category</u>	<u>Cost</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Printed Name, Address & Telephone #**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Requestor's Signature**

\_\_\_\_\_

**Prod/Dir 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, 139 Stratford Village Way (Carl Lehmann).