

LOS ALAMOS LITTLE THEATRE REIMBURSEMENT FORM 10/18

THIS FORM TO ACCOMPANY RECEIPTS (OR COPIES OF RECEIPTS) FOR RE-IMBURSEMENT OF PURCHASES MADE FOR LOS ALAMOS LITTLE THEATRE (if you've itemized separately, attach your list to this form)

NAME: _____

ADDRESS: _____

PURPOSE: _____

(i.e. Current Show Title, General Supplies, Make-up Supplies, Office Supplies, etc.):

TOTAL AMOUNT: _____

ITEMIZE BELOW THE PURPOSE and PRICE OF PURCHASE

(i.e. PROPS, COSTUMES, STAGE, REFRESHMENTS, PROGRAMS, ETC. for Shows (be sure to name the show) and yes, I want it listed by item. If you purchased CUPS, list **CUPS** and the amount, if it is General Use, list that, too. Be as concise as possible. Use one form for everything you want to be reimbursed for each time.

| PURPOSE | \$\$\$\$ AMOUNT |
|---------|-----------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

For a faster re-imbursement, please mail this form with your receipt(s) to:

Eric Bjorklund
1493 43rd St.
Los Alamos, NM 87544

OR

Los Alamos Little Theatre
PO Box 211
Los Alamos, New Mexico 87544

Or scan form and receipts and email to: treasurer@lalt.org

DATE PAID _____ CHECK # _____