

# LOS ALAMOS LITTLE THEATRE

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:

Bobbie Simpson  
5 Piedra Ct.  
Los Alamos, NM 87544

**OR**

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

DATE PAID \_\_\_\_\_ CHECK # \_\_\_\_\_