SARATOGA THEATRE ARTS
REIMBURSEMENT FORM

**** All Requests for Reimbursement must be pre-authorized**

**** Scanned or original receipts must be attached**

Date of Request:	
Name of Requestor:	
Name of Payee:	
Address Where to Send Check:	
Production or Activity (ie Fall Play):	

Expense Details

Date Expense Incurred	Store/Business	Item Description	Amount	Notes

Total:

Requestor's Signature:

Date:

Approved By:

Date:

To be completed by Treasurer:

Check # Issued: **Receiver's Initials:** **Date Received:**