

# REIMBURSEMENT REQUEST FOR ARTS EXPENSES

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Name of Show or Event \_\_\_\_\_

Please list each receipt separately and attach to this sheet. All receipts must be in original form—no photocopies or copies of credit card/bank statements will be accepted.

DATE	STORE/VENDOR NAME	DESCRIPTION OF ITEMS	AMOUNT
<b>TOTAL TO BE REIMBURSED</b>			<b>\$</b>

Return completed form with receipts to:

Seattle Academy  
 Attn: Kelly Rettenmier  
 1201 E Union  
 Seattle, WA 98122  
 206-676-6895

For Office Use Only:

Date Rec'd \_\_\_\_\_ Budget \_\_\_\_\_ Signature \_\_\_\_\_