



SUN CITY COMMUNITY THEATRE



Reimbursement and Advance Payment Request

Date: _____

I request reimbursement or advance payment in the amount of
\$ _____ for the purchase of the following item(s).

Requestors: please be advised that:

- Receipt(s) must be attached for reimbursement. Receipts for advance payments must be submitted within three days of the purchase.
- A requests for payment must be appropriately signed. A request for a payment in excess of \$500 must also be signed by a member of the Executive Board.

Make check payable to: _____ if other than Payee (Recipient), below left.

<u>Description</u>	<u>Event</u> or "General"	<u>Category</u> [†]	<u>Cost</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Printed Name, Address & Telephone # of Payee (Recipient)

Requestor's Signature

Producer's 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:
Barbara Sweasy, 309 Knollwood Court, Bluffton, SC 29909 240-401-6726 sccttreasurer@gmail.com

[†]Category could be; set materials, costumes, makeup, props, shop tools, office supplies, printing, professional services, etc.