

**ESTA - EASTERN STATES THEATER ASSOCIATION, INC
EXPENSE REIMBURSEMENT REQUEST FORM**

NAME: _____
MAILING: _____
ADDRESS: _____

REASON FOR REQUEST _____

ITEM DESCRIPTION	AMOUNT
1	\$.
2	\$.
3	\$.
4	\$.
6	\$.
6	\$.
7	\$.
8	\$.
9	\$.
More? Use another form	TOTAL \$.

ATTACH ALL RECEIPTS

ITEMS WITH NO RECEIPTS WILL NOT BE REIMBURSED

SIGNATURE: _____ **DATE** _____

REQUESTS NOT APPROVED BY BOARD MEMBER
OR AUTHORIZED INDIVIDUAL WILL NOT BE REIMBURSED

APPROVED BY _____ **DATE** _____

FOR TREASURER'S USE ONLY

ACCT	CK#	DATE	AMT	COMMENTS