www.AlohaTheatre.com

Aloha Performing Arts Company

P.O. Box 794 Kealakekua, HI 96750 (808)322-9924

Reimbursement Request

Date Submitted: _____ Total Expenditure: _____

Show: _____ Authorized By: _____

Make check payable to: _____

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

NOTE: All reimbursement requests for any APAC expense must be approved in writing by authorized APAC personnel. Production expenses must be approved by the show's producer.

ALL ORIGINAL RECEIPTS MUST BE ATTACHED TO THIS REQUEST AND ITEMIZED BELOW.

Purchased From:	Expense Category: (costumes, sets, props, makeup, office, etc.)	Amount:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	Total reimbursement requested	_____

Approved by: _____ Title _____ Amount_____

Paid by: _____ Check #_____ Date:_____