



# Aloha Performing Arts Company

P.O. Box 794 Kealahou, 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:<br>(costumes, sets, props, makeup, office, etc.) | Amount: |
|-------------------------------|--|---------|
| _____                         | _____  | _____   |
| _____                         | _____  | _____   |
| _____                         | _____  | _____   |
| _____                         | _____  | _____   |
| _____                         | _____  | _____   |
| _____                         | _____  | _____   |
| _____                         | _____  | _____   |
| _____                         | _____  | _____   |
| _____                         | _____  | _____   |
| _____                         | _____  | _____   |
| Total reimbursement requested |  | _____   |

Approved by: \_\_\_\_\_ Title \_\_\_\_\_ Amount \_\_\_\_\_

Paid by: \_\_\_\_\_ Check # \_\_\_\_\_ Date: \_\_\_\_\_