



POST OFFICE BOX 1255
GOLDSBORO, NC 27533

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WWW.CSTHEATRE.ORG

REIMBURSEMENT FORM

Please use this form in order to be reimbursed by Center Stage Theatre (CST) for approved expenses. Please attach the *original* receipt(s) to this form and submit to your Producer / Production. If this expense is not related to a specific production, it may be submitted directly to the CST Treasurer. It is recommended that you make a copy of receipts for your own record.

Please note that if an expense is reimbursed by CST, the items purchased are the property of CST with the exception of items that cannot be re-used, i.e. some make-up, food, opened drinks, etc. or damaged items.

Expenses cannot be reimbursed without receipts and a signed copy of this form.

Please Make Check Payable to (person being reimbursed):

Name: _____ Phone: _____

Address: _____ City, State Zip: _____

Email: _____

EXPENSES (please use a separate line for each receipt):

DATE	LOCATION (i.e. Walmart, Michaels, etc.)	NAME OF PRODUCTION (IF APPLICABLE)	TYPE OF EXPENSE (i.e. props, costumes, sets, etc.)	AMOUNT
			TOTAL	

Signature of person being reimbursed: _____ Date: _____

Signature of Producer / Production Manager: _____ Date: _____

CST Treasurer Initials: _____ Date Reimbursed: _____ Check #: _____

**CENTER STAGE THEATRE IS A 501(C)3 NON-PROFIT ORGANIZATION
AND AN AFFILIATE OF THE ARTS COUNCIL OF WAYNE COUNTY**