

Firebird Theatre

Invoice/Reimbursement Form

Check Payable to: _____

Date of Invoice or Receipt: _____

Amount of payment: _____

Items/Services on Invoice or to be Reimbursed:

Name of Show/Workshop for this expense: _____ (Office Use Only)

Budget Category (Office, production, etc.) _____

Please be specific and give details for expense:

Signature: _____

** Please attach original invoice (for invoices) or proof of payment (for reimbursements)

Please STAPLE together all receipts relating to one check **

Check # _____
Date Paid _____
CHECK TOTAL \$ _____

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