Purchase Request/Reimbursement Form

Name: _____ Date: _____

Email Address: _____ Phone: _____

Mailing Address: _____

_____

Production: _____

Items(s) to be purchased and estimated cost: _____

_____

_____

Committee (please check one):

__ costumes __ props __ sets __ make-up __ backstage food __ concessions

__ programs/tickets __ flowers and gifts __ cast party

Pre-approval of Committee Chair:

_____ **$**_____

Signature of committee chair **required** Approved dollar amount

Note: Any amount above approved expense may not be reimbursed.

(Committee chairs should retain a copy or record the amount of expenses that have been pre-approved. Person making request keeps original until purchase is made.)

_____

Reimbursement for approved purchases:

Amount spent $_____ Vendor(s) _____

Please attach all original receipts. We cannot reimburse you without the receipts. Send the completed form with receipts to:

Peter Pan Foundation
PO Box 595
Lafayette, CA 94549

Reimbursement checks will be mailed within 30 days of receipt of request.