

## STRATFORD PLAYHOUSE BOOSTER CLUB REIMBURSEMENT REQUEST FORM

DATE: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_

MAKE CHECK PAYABLE TO: \_\_\_\_\_  
(if different)

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

EVENT/SHOW: \_\_\_\_\_

APPROVAL:
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**DESCRIPTION OF EXPENSES:**

SHS Playhouse is a 501(c)(3)  
Please don't submit tax expense

**AMOUNT:**


**TOTAL EXPENSES:** \_\_\_\_\_

***Staple COPY of receipts to this form  
and mail/drop-off at:***

Judi Campbell  
14330 Broadgreen Drive  
Houston, TX 77079

Questions?  
[cambos@comcast.net](mailto:cambos@comcast.net)  
713-855-5545

*Treasurer use only:*

Ck #: _____	Date: _____	
GJ #: _____		
<b>Booster Club Account</b>	<b>Amt</b>	<b>Activity Account</b>