

Studio B Performing Arts Center  
2400 FM 407, Suite 1  
Highland Village, TX 75077  
972-966 ARTS (2787)  
studiobtheater@aol.com  
[www.studiobtheater.info](http://www.studiobtheater.info)

## Expense Reimbursement Request

Date of request \_\_\_\_\_

Reimbursement payable to \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please check one:

\_\_\_\_ Name of Production \_\_\_\_\_

Description of Expenses: \_\_\_\_\_

\_\_\_\_ Name of Class \_\_\_\_\_

Description of Expense \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ Supplies \_\_\_\_\_

Description of Expense \_\_\_\_\_

\_\_\_\_\_

Total to be reimbursed: \$ \_\_\_\_\_

Submitted by \_\_\_\_\_ Approved by \_\_\_\_\_

*Office Use Only:* Date Paid \_\_\_\_\_ Check No. \_\_\_\_\_