



EWG Drama Reimbursement Form

Check Payable To:	
Address: City, State, Zip Code:	
Telephone Number:	
Email Address:	
Drama Production:	

Expense Type	Description	Retailer Name	Amount
<input type="checkbox"/> Concessions/Box Office			
<input type="checkbox"/> Costumes			
<input type="checkbox"/> Lighting			
<input type="checkbox"/> Marketing/Promotions			
<input type="checkbox"/> Props			
<input type="checkbox"/> Set			
<input type="checkbox"/> Sound			
<input type="checkbox"/> Tech Supplies			
<input type="checkbox"/> Other/Misc			
		TOTAL AMOUNT:	

1. Please fill out this form completely. **You must attach corresponding receipts to receive reimbursement for your expense.**
2. Please submit your expense request to the Drama Director by the closing day of the production.