

MARSHALL THEATRE BOOSTERS
REIMBURSEMENT CHECK REQUEST
2009-2010

***** RECEIPTS REQUIRED FOR ALL CHECK REQUESTS*****

Event/Production: _____

Check Payable to: _____

Amount: _____ Date Requested: _____ Date Needed: _____

Name/Address for Delivery: _____

Contact Phone and/or email: _____

Please indicate the purpose for funds spent (if more than one purpose please allocate amount requested for each purpose):

Purpose	Amount
Advertising/Publicity	
Cast/crew Meals	
Concessions	
Costumes	
Equipment	
Music	
Set Materials (Paint, lumber, etc.)	
Professionals (musicians, directors, etc.)	
Other (please specify)	

Please forward to Mary Chapin
8217 Labbe Lane, Vienna, VA 22182
703-573-2808 | mchapin3@cox.net

*****for Treasurer's Use only*****

Check#: _____ Date: _____