Redding School of the Arts

Theater Booster Club

Who is Requesting Reimbursement: Date:_____

Name:_____

Address: _____

City, State, Zip: _____

Date	Description	Total Amt
	GRAND TOTAL	**$**

I hereby certify that the above is an accurate accounting of my expenses incurred on behalf of Redding School of the Arts, and I have attached copies of receipts and/or proof of payment.

Requestor's Signature:_____