



The Village Players Reimbursement Request Form

Treasurer Use Only:	
Check #: _____	Date: _____
Amt Pd: _____	

Date: _____ Name: _____

Address: _____ City: _____ Zip: _____

Vendor (Attach Receipt)	Item	Purpose (Show or Project)	Amount
NOTE: Please obtain sales tax exempt certificate before purchase.			Total Due:



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