

CHECK NO. \_\_\_\_\_

DATE: \_\_\_\_\_

*Children's Theatre of Elgin*

## REQUEST FOR PAYMENT

(Name of production) \_\_\_\_\_

**Amount Requested: \$** \_\_\_\_\_

**Is this a reimbursement?** Yes \_\_\_ No \_\_\_

Name of business or person from whom goods or services were purchased: \_\_\_\_\_

**Make check out to:** *(please print clearly)*

Name \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Description of Expense:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Authorized by:** \_\_\_\_\_ *(Producer's signature required)*

*Please attach receipts to a sheet of 8 ½ X 11 plain paper and submit to the CTE office along with this signed form.  
CTE reserves the right to refuse payment in the event form and receipts are not received by the producer within 30 days of the end of the performance run.*