

**Merrill Community Arts Center**  
 380 Rivertown Drive #200  
 Woodbury, MN 55125

**Staple Receipts To Back**  
 Receipts must state what goods or services were purchased. If not, note the purpose on the receipt

**REIMBURSEMENT REQUEST**

Date Submitted: \_\_\_\_\_ Total Amount: \_\_\_\_\_

Person Requesting Payment: \_\_\_\_\_

\_\_\_ Check Box if person requesting payment has requested previous reimbursements. If so, no need to complete address/phone number fields below.

Mailing Address (all checks will be mailed): \_\_\_\_\_ Phone # \_\_\_\_\_

If items should be charged to more than one account, enter amounts after each account. If buying for multiple shows at once, and itemizing precisely isn't possible, indicate percentages. Example, if buying lumber for two shows at once, tell us something like 20% to "Legally Blonde" and 80% for "Christmas Story". Use the Notes sections for more detail.

**61100 Program/Show Expenses** Program/Show (1) \_\_\_\_\_ %  
 Program/Show (2) \_\_\_\_\_ %

|  | <u>Show 1</u> | <u>Show 2</u> |
|--|---------------|---------------|
| ___ 61150 – Copying (music, scripts, hand-outs)  | \$ _____      | \$ _____      |
| ___ 61160 – Set (supplies, truck rental, gas, rentals, lumber, etc.)   | \$ _____      | \$ _____      |
| ___ 61170 – Props (prop-making and rentals)  | \$ _____      | \$ _____      |
| ___ 61180 – Costumes   | \$ _____      | \$ _____      |
| ___ 61190 – Tech (mic batteries, lighting gels, gaffe & spike tape, other sound & lighting small equipment/supplies) | \$ _____      | \$ _____      |
| ___ 61200 -- Marketing (posters, postcards, mailings, ads, programs)   | \$ _____      | \$ _____      |
| ___ 61210 – Hospitality (food, gifts)  | \$ _____      | \$ _____      |
| ___ 61240 – Other Program Expenses (shipping, postage, non-tech supplies)  | \$ _____      | \$ _____      |
| ___ 61280 – T-Shirt Expenses   | \$ _____      | \$ _____      |
| ___ 61290 – Show Programs  | \$ _____      | \$ _____      |

**Non-Program/Non-Show Expenses**

|  |          |
|--|----------|
| ___ 62840 – Equipment Rental and Maintenance           | \$ _____ |
| ___ 65020 – Postage, Mailing Service                   | \$ _____ |
| ___ 65030 – Printing and Copying                       | \$ _____ |
| ___ 65040 – Supplies (including general shop supplies) | \$ _____ |
| ___ 65050 – Telephone, Telecommunications              | \$ _____ |
| ___ 65060 – Small Equipment                            | \$ _____ |
| ___ 65160 – Other Costs                                | \$ _____ |
| ___ 65170 – Food & Beverages                           | \$ _____ |

Notes: \_\_\_\_\_

Signature: \_\_\_\_\_

**Note: Attach form to receipts, place in bin named "Reimbursement Requests" located at the Front Desk**

\* \* \* \* \*

**For MCAC Office Use Only**

Amount Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Processed by: \_\_\_\_\_