

Gunn Theatre Boosters Reimbursement Request

Today's Date: _____ Month _____ Day _____ Year
Date of expense*: _____ Month _____ Day _____ Year

* This form must be submitted within 60 days after the expense was incurred. Reimbursement requests submitted more than 60 days after the expenses are incurred will be assumed to be a donation ☺. Gunn Theatre Boosters is a non-profit educational organization under section 501(c)(3) of the U.S. Internal Revenue Code. All contributions are tax-deductible under U.S. law. Our federal tax ID number is 26-1717567. We are grateful for all donations and will be happy to send you a donation receipt.

Amount Requested: \$ _____

This request is for:

- ___ Gunn Production (name of show: _____)
- ___ Gala Expense (pick one: ___ Fall ___ Spring)
- ___ Field Trip (pick one: ___ Ashland ___ Other (please specify _____))
- ___ Administrative (explain: _____)
- ___ Other (explain: _____)

**Important: Please attach original receipts to this request form.
NO PAYMENTS will be issued without supporting documents.**

Item Description: _____

Check Payable to: _____
Print your name as it should appear on the check

Mailing Address: _____

If you would like to make all or part of this expense a donation to Gunn High School Theatre Boosters in lieu of getting reimbursed for your expenses, please check here ___ and indicate the amount you want to designate as donation here _____.

As noted above, any reimbursement request submitted more than 60 days after the expense will be assumed to be a donation, and Gunn Theatre Boosters will cheerfully and gratefully send you a donation receipt.

Send this form with receipts to: Jim Shelby, 780 Arastradero Rd, Palo Alto, CA 94306
or leave with Mr Shelby in the Theatre office

For Office Use:

_____ Signature of Theatre Teacher

For Treasurer Use: Date _____ Check # _____ Amount \$ _____