OSLT/Roxy Theatre Expense Report

PURPOSE/
PRODUCTION: _____ Statment Number: _____ Submission Date: _____

Payee Information:

Name _____ Role _____

Email for Etransfer: _____

Committee _____ Producer / Team Lead / ED: _____

Date	Account if known	Venor/Supplier	Description	Price	HST	Total
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
				$ -	$ -	
					Subtotal	$ -
					Advances	
					Total	$ -

Approved (Board or Producer Signature): _____ Notes: _____

Entered: _____

IF CHEQUE IS REQUESTED RATHER THAN ETRANSFER:	
Payee Name:	
Payee Address:	
Payee Postal Code:	

Common	Fall Musical	52520	WODL	52800
Expense	Winter Play	52530	Playreading	52690
Account Codes	April/Spring Play	52530	Bar Supplies	50300
	June/Late Spring Play	52550	Bar Purchases	50400
	Technical Costs	55050	Board Expenses	52691
	Repairs & Maintenance	57650		

Attach all receipts listed above when submitting
OSLT/Roxy Theatre Expense Report form