## **OSLT/Roxy Theatre Expense Report**

PURPOSE/ PRODUCTION:			Submission Date:					
Payee Inform	nation:							
Name:			Role					
Email for rein	nbursement	by Interac Transfer						
Committee (if applicable)			Reviewed by Producer / Team Lead / ED:				•	
Date	Account if known	Venor/Supplier	Description		Price	HST	Total	
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IF CHEQUE IS REQUESTED RATHER THAN ETRANSFER:			Common	Fall Musical	52520	WODL		52800
Payee Name: Payee Address:			Expense Account Codes	Winter Play April/Spring Play	52530 52530	Playreading Bar Supplies		52690 50300
Payee Postal Code:			Account Codes	June/Late Spring Play	52530 52550	Bar Purchases		50300
Attach all receipts listed above when submitting				Technical Costs	55050	Board Expenses	s	52691
OSLT/Roxy Theatre Expense Report form				Repairs & Maintenance	57650	,		