



# LIQUID CHARIOT PRODUCTIONS

## Expense Reimbursement Form

PROJECT NAME: \_\_\_\_\_

(Please submit separate forms for separate projects)

NAME OF PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE	DESCRIPTION	MEALS	SUPPLIES	PROPS	EQUIPMENT	OTHER

Please mail reimbursement check to:  
\_\_\_\_\_

**SUB TOTALS:** \_\_\_\_\_

Please attach all receipts to this form

**TOTAL REIMBURSEMENT DUE:**

I attest that these records are true to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date