

# Stand-Up Comedy Show Expense Claim Form

Claimant Name

Event Date

Show Title

Venue

Expense Details

Description	Date	Amount	Notes
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Amount

Preferred Payment Method

Additional Notes