

# Theatre Performance Expense Claim Form

Claimant Name

Role/Position

Production / Show Title

Date(s) of Performance

Contact Email

Contact Phone

Expense Details

Date	Description	Category	Amount	Receipt Attached
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="▼"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="▼"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="▼"/>

Total Amount Claimed

Additional Notes

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Claimant Signature

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Date