

# TV Show Taping Expense Claim Form

Name

TV Show Title

Taping Date

Contact Information

## Expense Details

Date	Description	Type	Amount	Receipt Attached
<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Amount

Additional Notes

Signature

Date