## Ottawa Little Theatre 400 King Edward Avenue Ottawa ON

## STATEMENT OF EXPENSE FORM

Date			F	Play						Dept	
	1.	Please	attach	receipts	to this f	orm. In	ıclude	vour address	and phone numbe	er.	
	<ol> <li>Please attach receipts to this form. Include your address and phone number.</li> <li>Indicate whether payment is to be mailed or whether you will pick it up at the Box O</li> <li>No statement of expenses will be reimbursed UNLESS it has been approved by the Technical Director, indicated by their signature on the line below.</li> </ol>										
	4.	of the T	echni		tor or the	e Produ	ction N		more require the p do any expenditure		
em									HST as shown on bill	Total Amount of Bill	
C	Chequ	eque for:				Approved by					
			Ple					xpenses are or s on the same	· · · · · · · · · · · · · · · · · · ·		
Pho	ne:								Box Office:		
Add	dress	s: Yes No									