

# Gunn Theatre Boosters Reimbursement Request

Today's Date: \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year

Amount Requested: \$ \_\_\_\_\_

This request is for:

- Gunn Production (name of show: \_\_\_\_\_)
- Gala Expense (pick one:  Fall  Spring)
- Field Trip (pick one:  Ashland  Other (please specify \_\_\_\_\_))
- Administrative
- Other (explain: \_\_\_\_\_)

**Important: Please attach original receipts to this request form.  
NO PAYMENTS will be issued without supporting documents.**

**Item Description:** \_\_\_\_\_

**Check Payable to:** \_\_\_\_\_  
Print your name as it should appear on the check

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

[If you would like to make all or part of this expense a donation to Gunn High School Theatre Boosters in lieu of getting reimbursed for your expenses, please check here  and indicate the amount you want to designate as donation here \_\_\_\_\_. I will send you a receipt with our tax ID number. ]

\_\_\_\_\_ Signature of Theatre Teacher

**Please send your request(s) to:**

Gunn Theatre Boosters, 780 Arastradero Rd, Palo Alto, CA 94306  
or leave with Jim Shelby in the Theatre office

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For Office Use:

\_\_\_\_\_ Authorized Signature 1

\_\_\_\_\_ Authorized Signature 2

**For Treasurer Use: Date** \_\_\_\_\_ **Check #** \_\_\_\_\_ **Amount\$** \_\_\_\_\_