LAKELAND PLAYERS COMMUNITY THEATRE

PHONE: _____

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PHONE:

EXPENSE VOUCHER EXPENSE VOUCHER DATE: DATE: COMMITTEE: ____ COMMITTEE: ____ CHAIR: _____ CHAIR: **DESCRIPTION: DESCRIPTION:** AMOUNT: _____(PLEASE ATTACH RECEIPTS) AMOUNT: _____(PLEASE ATTACH RECEIPTS) MAKE CHECK PAYABLE TO: (PLEASE PRINT) MAKE CHECK PAYABLE TO: (PLEASE PRINT) NAME: NAME: _____ MAIL CHECK TO: MAIL CHECK TO: NAME: _____ NAME: _____ ADDRESS: _____ ADDRESS: _____