

HRDC VENDOR REIMBURSEMENT FORM

64 BRATTLE STREET • CAMBRIDGE, MA 02138
HRDC TREASURER • TREASURER@HRDCTHEATER.COM

PURCHASING STAFF/CAST INFO

First	Middle	Last
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Campus Address

Permanent Address

Cell Phone Number

Email

Title of Show

Mainstage/ EX

Season (e.g. Fall '08)

*Enter different receipts as separate purchases

**A receipt may contain items not purchased for performance use. All items specifically used for a HRDC show must be highlighted

***Paper-clip original receipts to this document. **Do Not Staple**

Purchase 1

Budget Sub-Category (e.g. props)

Vendor (Store where item was purchased)

Date Purchased

Detailed Reason for Purchase

Subtotal for Purchase 1

Purchase 2

Budget Sub-Category (e.g. props)

Vendor (Store where item was purchased)

Date Purchased

Detailed Reason for Purchase

Subtotal for Purchase 2

I hereby confirm that all of the above information is correct and that all purchases were made for a HRDC Mainstage and/or EX show and not for personal use.

Purchasing Staff/Cast Member Signature

Date

Producer Signature

Date