

CHECK # _____

**PROVIDENCE PLAYERS OF FAIRFAX
REQUEST FOR PAYMENT OR REIMBURSEMENT**

Payee: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

PLEASE ATTACH INVOICE OR RECEIPT FOR EACH ITEM

Date	Description	Amount
Total		\$

Requested By:

Signature

Date

Producer's Signature

Date

Providence Players Treasurer

Date