

# Compton Little Theatre – Expenses Claim Form

Production/Event/

Capital/Miscellaneous Expense \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Total amount Claimed: £ \_\_\_\_\_

Broken down as follows(Please indicate amount against each heading)

Set: \_\_\_\_\_ Costumes: \_\_\_\_\_

Light & Sound: \_\_\_\_\_ Make-Up: \_\_\_\_\_

Catering (D&D only): \_\_\_\_\_ Props: \_\_\_\_\_

Bar: \_\_\_\_\_ Raffle: \_\_\_\_\_

Ice Cream: \_\_\_\_\_

Other (Phone, Gifts, Cast Refreshments, ETC – Please specify)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For Payment by electronic transfer, details required below:

Account No:

Sort Code:  –  –

**Please attach all receipts where possible to this Claim Form**

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