

# Reimbursement Request Form

## KCACTF Region VII

*Print out and complete the form. Then submit completed with receipts attached to the address below.*

Purpose:	<input type="text"/>
Place:	<input type="text"/>
Event Date:	<input type="text"/>
Your Name:	<input type="text"/>
Mailing address:	<input type="text"/>
Phone Number:	<input type="text"/>
Email:	<input type="text"/>

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**Reimbursement request must be received within 90 days of the event and most items must have prior approval of the Region Chair for reimbursement.**

TYPE	DESCRIPTION	AMOUNT
Air Fare		\$
Car Rental		\$
Food		\$
Lodging		\$
Misc #1		\$
Misc #2		\$
<b><u>GRAND TOTAL</u></b>		<b>\$</b>

Return form and receipts to:

Scott Robinson  
Theatre Arts – MS 7460  
400 E University Way  
Ellensburg, WA 98926-7460  
email: [scott.robinson@cwu.edu](mailto:scott.robinson@cwu.edu)