



House Artist Request for Reimbursement

Revised: Aug 2016

Name of Payee : _____ Address of Payee : _____ _____	Name of Fiscally Sponsored Artist: _____ _____
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<input type="checkbox"/> Please check if the payee has a current W9 form on file with CounterPulse. If a W9 form hasn't been submitted before, please fill out and submit the form.	<input type="checkbox"/> Please check if you wish to pick up your check at CounterPulse and not mailed. Checks will be available for pick up during CounterPulse office hours in the "For Pick Up" mailbox. Office Hours are M & W-F 10-6pm
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Attach ALL original receipts to this form

Item #	Account # See list below	Vendor	Expense Description please include name of project and Contract # if applicable.	Grant	Class	Amount
1					12	
2					12	
3					12	
4					12	
5					12	
6					12	
7					12	
8					12	

Total: \$ _____

Name: _____ Phone: _____

(Project Director must submit this form, electronic signature is acceptable.)

Signature: _____ Date: _____

***Account #'s:**

Production and Exhibition

- 6-5100 Theater Equipment
- 6-5200 Set/Props/Costumes/Other
- 6-5350 Licenses and Permits
- 6-5400 Travel
- 6-5500 Lodging and Meals
- 6-5600 Hospitality (Concessions)

Advertising and Marketing

- 6-6100 Web Site Hosting
- 6-6200 Publicist/Graphic Design
- 6-6400 Advertising
- 6-6500 Bulk Mailing
- Facilities**
- 6-7100 Rent

6-7300 Utilities

Office Expenses

- 6-8100 Office Supplies/Copies
- 6-8200 postage and Shipping
- 6-8300 Telephones
- 6-8400 Bank Fees
- 6-8600 Dues and Subscriptions

Office Use Only: OM _____ AD/ED: _____
