



Fiscal Sponsorship Program Request for Reimbursement

Name of Project: _____

Name of Payee: _____

Street Address: _____

City: _____ State: _____ Zip: _____

You must include all receipts in order to get paid!

*Acct #	Name of Event/Expense Description	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total: \$		_____

Name: _____ Phone: _____
(Project Director must submit this form, electronic signature is acceptable)

Signed: _____ Date: ____/____/____

Please check this box if you wish to have your check picked up from CounterPULSE and not mailed. Checks will be available for pick up during CounterPULSE office hours only in the staff hallway "For Pick Up" mailbox.

PLEASE NOTE: Request for payment forms are due **by 5pm on Friday**, and payment is issued and sent within two weeks.

***ACCT #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

Advertising & Marketing

- 6-6100 Web Site Hosting
- 6-6200 Publicist/Graphic Design
- 6-6300 Printing & Copying PR
- 6-6400 Advertising
- 6-6500 Bulk Mailing

Office Expenses

- 6-8100 Office Supplies
- 6-8200 Postage and Shipping
- 6-8300 Telephone
- 6-8400 Bank Fees
- 6-8600 Dues and Subscriptions

Facilities

- 6-7100 Rent
- 6-7300 Utilities

For Office Use Only: CP Prog Mgr _____ CP Exec Dir _____
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