

**REIMBURSEMENT FORM**  
**Harrisburg Christian Performing Arts Center**  
1000 South Eisenhower Blvd.  
Middletown, PA 17057

Expense reimbursed to:

Name: \_\_\_\_\_ Committee/Production: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Date	Expense Description	Expense Amount

**Total Amount to be Reimbursed**

**Purchase & Reimbursement Approval:**

Executive Director Name: \_\_\_\_\_

Executive Director Signature & Date: \_\_\_\_\_

Date Reimbursed: \_\_\_\_\_

Check Number: \_\_\_\_\_