Check Request

Pied Piper Players
get carried away!

Note: This form is required for all requested checks. Attach all receipts, invoices and other back-up to this form.

Date of Request:_____ Originator:_____

Payee:_____Payee Mailing Address:_____

Contact Name:_____Phone:_____Email:_____

Show/Event	Description of Expenditure	Amount	Budget Account	Donation? Y/N

Total Expenditure **$_____**

Less Donated Items **$_____**

Total amount of check request $_____

Approved by _____
Artistic Director or Executive Director; must be different from payee

All program-related expenses must be submitted within 14 days of the conclusion of the program. Please allow a minimum of two weeks for reimbursement.

Should you wish to donate all or any portion of this expense, Pied Piper Players gratefully accepts in-kind contributions. You will receive a receipt for your donation and acknowledgement in the playbill for our mainstage production.

For PPP Use Only
Check No. Issued: _____ Date:_____Notes:_____ Initials:_____