



EXPENSE SHEET

Courtenay Little Theatre
 Box 3033, Courtenay BC V9N 5N3
 Telephone: 250-334-2032

TITLE OF PRODUCTION: _____

NAME AND ADDRESS: _____

DATE: _____

*****Please sign receipts and staple to the back of this form*****

	Category [props/set etc.]	Description of Item [bowl/boots etc.]	Total Cost	1/2 GST	Net Cost Total - 1/2 GST
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
TOTALS					

Paid by cheque # _____ Date: _____ CLT Signature _____