

Bermuda Musical & Dramatic Society

EXPENSE CLAIM FORM

This form must be completed for all expense claims and left in the Treasurer's box near the notice board. Please attach all supporting documentation (invoices, receipts or purchase orders). Funds will be transferred to your bank account within two weeks.

NAME: Contact # :

Bank Account No.

Item #	Claim Details	Production	Department	Amount
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
TOTAL CLAIMED >>>				

Signature:

Approved by Producer: Date: