



The Hamburg Players e.V. Expense Claim Sheet

ALL CLAIMS SHOULD BE SUBMITTED WITHIN ONE MONTH OF END OF PLAY

Name of Play:
(if applicable)

Date:

Claimant:

Bank Details:
(if applicable)

Name of Bank: _____

IBAN: _____

Account Holder: _____

Type of expense (please circle only one category per sheet)

rehearsal props costumes make up set, stage transport, taxi greenroom
 premiere first Saturday derniere clubhouse general other(please specify):

Receipt #	Description of expense	Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
Please number and attach the original receipts to this claim following the order above to assist us. Thank you!		Total of invoices or receipts
		Float already Received
		AMOUNT DUE

Signature of claimant: _____ Date: _____

For accounting purposes only: _____