Think 360 Arts Artist Expense Reimbursement Form

Artist: _____

School: _____

Dates of Program _____

Date Submitted: _____

Itemized Expenses

Date	Item purchased	Vendor/Store	Amount
		Total Reimbursement:	$0.00

Artist Signature: _____

Staff Signature: _____

Approval: _____

Please attach itemized receipts for all listed items