



PRINCETON UNIVERSITY PLAYERS

Reimbursement Form (2008-2009)

NAME: \_\_\_\_\_

SHOW: \_\_\_\_\_

PRODUCTION  
POSITION: \_\_\_\_\_

DATE: \_\_\_\_\_

I want the check mailed to:     [        ] My House  
                                          [        ] My Dorm or Frist Mailbox

My P.U.I.D. Number: \_\_\_\_\_

Did you go over-budget? If so, please explain: \_\_\_\_\_

\_\_\_\_\_

ITEM PURCHASED	COST

TOTAL SPENT: \_\_\_\_\_

*NOTE: You must attach receipts for ALL purchases*