

TheatreWorks, Birkenhead War Memorial Park, Recreation Drive, PO Box 34-455, Birkenhead, North Shore 0746 Ph: 419 0415 info@mairangiplayers.co.nz www.mairangiplayers.co.nz

EXPENSE CLAIM

Your Name:					
Address <i>or</i> Bank A/C No:					
Total amount claimed:					
Signature:	Date:				
Expenses for: (Play/maintenance etc)	Details (receipts attached)		An	Amount	
Total			\$		
Please leave this portion bla	ank				
			T		
Cheque No.	Sign	Date	\$		