

**The Old Globe**

P.O. Box 122171, San Diego, CA 92112-2171 • Phone (619) 231-1941 • Fax (619) 238-1205



# Student Matinee Travel Reimbursement Request

Date Submitted \_\_\_\_\_

**Make Check Payable To:** \_\_\_\_\_

*Please Print*

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

**Check requisition will not be processed without Bus Travel Receipt attached.**

Amount \$ \_\_\_\_\_

Date(s) of Bus Trip \_\_\_\_\_

Show Name \_\_\_\_\_

School Group:

## For Old Globe Use Only

Is payee a current vendor?    Yes     No     *If new vendor - a completed W-9 is needed.*

Please check one of the following:

- Put in " \_\_\_\_\_ " mailslot.
- Mail to address above.
- Mail to address above with attached form included.

If there is a problem with this requisition, who can we call? \_\_\_\_\_ EXT. \_\_\_\_\_

\$

|      |         |           |              |        |
|------|---------|-----------|--------------|--------|
| Fund | Account | Cost Code | Project Code | Amount |
|------|---------|-----------|--------------|--------|

|                                |            |                              |            |
|--------------------------------|------------|------------------------------|------------|
| Requestor (please print) _____ | Date _____ | Approval (please sign) _____ | Date _____ |
|--------------------------------|------------|------------------------------|------------|

Vendor Number \_\_\_\_\_

Date Entered \_\_\_\_\_

Comments \_\_\_\_\_