BRIGHTON HIGH SCHOOL
MUSICAL THEATER

7878 Brighton Road
Brighton, MI 48116
(810)299-4100
brightonmusical.com

REIMBURSEMENT REQUEST

Payable To: _____ **Date Submitted:** _____

Mailing Address: _____ **Original Receipts Must Be Attached**

_____ Reimbursement Inquiries Contact:

_____ **stuenkelk@brightonk12.com**

Account Number or Expense Category example: cast meals, set build, etc	Vendor name/description	Total

TOTAL REIMBURSEMENT: _____

TEAM LEAD APPROVAL: _____

Do not include any taxes in your totals as we cannot pay that due to the school's tax exempt status. Ask your team lead about stores that provide tax exemption.
Forms may be dropped off at the school main office, the counseling office or the scene shop drop box. If dropping off at the offices please put in an envelope addressed to Kristine Stuenkel.