

TO: ACT Manitoba Inc.

Date: _____

Report of workshop funded by Theatre Development Fund

INVOICE FOR THEATRE DEVELOPMENT WORKSHOP

(Revised November 13, 2011)

MAIL TO: ACT Secretary
P.O. Box 105
125 Barr Street
Holland, MB R0G 0X0

or email: ACTSecretary@mts.net

Group name: _____
Address to send payment: _____

Date of workshop: _____

Instructor's name: _____

Workshop topic: _____

Duration of workshop (whole day, half day, weekend) _____

FINANCIAL REPORT:

Facility Rental \$ _____

Instructor's fee (includes mileage, accommodation, etc) _____

Other: please specify _____

TOTAL COST OF WORKSHOP \$ _____

Please attach a report to the ACT Board indicating whether or not the workshop and/or the instructor was successful and would be recommended to other groups.

Submitted by:

Signature

Approved for payment:

ACT representative: _____

Date: _____