

To:
Medicine Hat Firehall Theatre Society
36 De Havilland Boulevard, S.W.
Medicine Hat, AB
T1A 7Y8

In account with: _____

Re: _____

Show - _____

	Date M/D/Y	Vendor	Goods or Services purchased	GST	Cost	Total
1						\$0.00
2						\$0.00
3						\$0.00
4						\$0.00
5						\$0.00
6						\$0.00
7						\$0.00
8						\$0.00
9						\$0.00
10						\$0.00
11						\$0.00
12						\$0.00
13						\$0.00
14						\$0.00
15						\$0.00

Approved for payment - _____ Total Amount \$0.00 \$0.00 \$0.00

Total amount owed by Medicine Hat Firehall Theatre to _____ \$0.00

Paid by Cheque - # _____

Date on Cheque M/D/Y - _____