

IPSWICH LITTLE THEATRE SOCIETY INC

ADVICE OF CREDIT PURCHASES

Date.....**Member Name**.....**Position**.....

| | Date | Purchased from | To be used for what purpose in what area of ILT | *Authorisation Signature | Amount |
|---|-------------|-----------------------|--|---------------------------------|---------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |

Checked off Account

***Required only if you are not authorized to purchase on behalf of ILT. Check with Treasurer if you are unsure.
NB: A Docket must be attached. If you have lost it, please contact the business and acquire a copy.**