



**MICHIGAN  
THESPIANS**

AN EDUCATIONAL THEATRE ASSOCIATION AFFILIATE

# Payment Request Form

**\*Please attach any receipt(s) for compensation to this this form. The original receipt(s) can either be mailed or given in person along with this form.**

**\*Once completed, please return to Heather McKaig, either in person, by mail, or as an email attachment.**

*Check will be payable to:*

Name of person or Institution:

Amount:

*Checks will be mailed to the person at the address below, unless otherwise noted.*

Name:

Address:

City:

State:

Zip:

Date submitted:

Describe Item(s), Reason for Compensation, or other Notes below:

Authorized by:

*Office use*

Date approved:

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