



The Arts in Education Program of Central Intermediate Unit 10

200 Shady Lane • Philipsburg, PA 16866

814-342-0884 • FAX: 814-342-5137

Artist Services Confirmation / Invoice

NOTE: For AFAD, submit only one invoice per service, or per service day.

- Artist:** 1) Please complete A, A.1 and B.
 2) Then ask an authorized host-site representative to sign at C.

Artist: _____

Service Date(s): _____ Host Site: _____

A. Type of Service: (Please check one.)

- | | |
|---|--|
| <input type="checkbox"/> Artist for a Day (AFAD) Complete A.1 below. | <input type="checkbox"/> Workshop - Penn State |
| <input type="checkbox"/> Artist Residency | <input type="checkbox"/> Workshop/Performance - Senior Program |

Total # days: _____ # days completed _____

A.1: For AFAD, please indicate the specific type of services offered:

For a Single Artist:

- Up to 3, 1-hour lessons w/ a single artist
- Up to 2, 1.5-hour lessons w/ a single artist
- 1 performance w/ a single artist
- 1 performance plus up to 2, 1-hour lessons w/ a single artist
- 1 performances w/ a single artist

For an Ensemble:

- 1 performance w/ an ensemble
- 1performance plus up to 2, 1-hour lessons w/ an ensemble
- 2 performances w/ an ensemble

B. Materials:

This service included a fee for materials as indicated in promotional material.

Yes No

C. Host Site Representative: I confirm that the above artist has completed the indicated services.

Name (Print) Position Signature

Artist Invoice:

My services have been rendered as above. I am invoicing Galaxy/CIU10 an amount based upon contracted services rates.

Fee for Service: \$ _____

(NOTE: If payment is for a residency, indicate **DATES and # of DAYS** that apply to this invoice)

Specific Dates **# Days**

Materials: (If applicable as per promotional material.)

An original, signed receipt is enclosed for the amount of \$ _____

TOTAL DUE TO ARTIST: \$ _____

Artist Signature **Date**

Mail Completed Form to:

Dr. Dawn Hayes, Galaxy/CIU10, 200 Shady Lane, Philipsburg, PA 16866