Arts in Education Partnership
3 East 4th Street
Erie, PA 16507
814-452-3427

Res. ID # _____

Residency Invoice Form

Artist: _____ Host: _____

Artist Fees

Invoice for: (Please check the appropriate box or boxes.)

Planning Day(s)…… ☐ Planning Date(s): __/__/__ to __/__/__

Residency Days…… ☐ Residency Dates: __/__/__ to __/__/__

Final Payment of Residency… ☐

$_____ x _____ = $_____

Daily Artist Fee	# Days for this invoice	Total Fees Due

Artist Expenses

Please Remember: You MUST Attach Valid Receipts

Mileage _____x _____ = _____x $.565 = $_____

# of Trips | Round Trip Miles | Total Mileage | Mileage Expense

Lodging …… $_____ Lodging Expense

Meals …….. $_____ Meal Expense

Materials ……. $_____ Material Expense

$_____ **Total Expenses**

_____
Payable To

_____
Address:

_____

_____
Signature

_____
Date

$ _____
Total Amount Due
(Fees & Expenses Added)

Please allow a minimum of two weeks to process payment upon receipt of invoice. In order to receive final payment an Artist Final Report must be submitted with your invoice at conclusion of residency,

OFFICE USE ONLY

Class: DAIE
Account: Residency Fees | Residency Expenses

Job:				
Amount:				
Desc:				

Approved _____ Date: _____

Rev: 1/2013