



Artist in the Classroom Program

Invoice School Year 2013-2014

After you finish your pre-approved art lesson(s) please complete this invoice and the *Artist Feedback Form* and return to ArtsandCulture@SedonaAZ.gov.

Artist's Name: _____

Project Title: _____

Mailing Address: _____

Contact Phone Number: _____

Email address: _____

If submitted via email, please check here.

If submitted via fax or mail, please sign below.

Signature

Date

Date	School	Teacher	Grade	Start Time	End Time	Total Hours	Amount
One Hour of Planning:							\$25.00
Materials Reimbursement Amount:							
<i>Please include original receipts for any materials.</i>							
<i>If materials from your studio were used, you must include a receipt with your business name and items.</i>							
Total:							

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FOR CITY USE

Approve to Pay Date: _____

Approved by: _____

Vendor #: _____

GL#: 10 5242 41 6728

Amount to Pay: \$ _____