



Artist in the Classroom Invoice

After you finish your pre-approved art lesson(s) please complete this **Invoice** and the **Artist Feedback Form** and **RETURN BOTH** to NLattanzi@sedonaaz.gov to receive payment.

Artist's Name _____ Project Title _____

Mailing Address _____

Phone Number _____ Email Address _____

School _____ Teacher _____

Teacher's Email Address _____ Teacher's Phone _____

Grade(s) _____ Number of Students _____

Signature

Date

Date	Start time	End Time	Prep or Class Time	Total Hours	Amount Hourly rate \$30.00
<i>Continue on back if necessary</i>					
Subtotal from Page 2					
One hour of planning					\$30.00
Materials Reimbursement Amount Include ORIGINAL RECEIPTS for materials.					
TOTAL					

FOR CITY USE ONLY

Approve to Pay Date: _____ Approved by _____

Vendor # _____ GL# 10-5220-41-6728

Business License # _____ Amount to Pay: \$ _____

