



ARTS IN EDUCATION INVOICE 2009-2010

P.O. #: _____
EMPLOYEE/
VENDOR #: _____
BUDGET
CODE#: 54775842 - 4 0.
CONTRACT #: A - _____

Upon *completion* of program, **SIGN** this invoice and
give to your school contact for their **SIGNATURE**.
Payment will be made approximately 2-3 weeks
after receipt of the **signed invoice & completed evaluation forms!**

FROM: _____
ARTIST/ORGANIZATION *S.S.# - OR- FEDERAL I.D.#*

STREET ADDRESS

CITY, STATE AND ZIP CODE *TELEPHONE #*

PERFORMANCE/WORKSHOP/RESIDENCY TITLE[S]

DISTRICT & SCHOOL[S]

DATE[S]

RATE: UNIT FEE \$ _____ **TOTAL AMOUNT \$** _____

WHEN WORK IS COMPLETED

SIGN!!!! (MUST HAVE BOTH SIGNATURES)



ARTIST/ORGANIZATION *DATE*

SCHOOL REPRESENTATIVE *DATE*

ATTENTION SCHOOL REP

**YOUR SIGNATURE ON THIS INVOICE INDICATES THE PROGRAM HAS TAKEN PLACE AND YOU
ARE AUTHORIZING P/NW BOCES TO PAY THE ABOVE AMOUNT**

SEND TO:

**MICHELLE SHERER
ARTS IN ED. COORDINATOR
P/NW BOCES
200 BOCES DRIVE
YORKTOWN HEIGHTS, NY 10598
PHONE # 914/248-2349 - FAX # 914/248-3838
msherer@pnwboces.org - <http://pnwboces.org/artsined>**

