



INVOICE 2017 – 2018

P.O. # 18 - _____

~ COMPLETE ALL SECTIONS ~

Return this INVOICE SIGNED by you and a *school district official (*in accordance with the school district's guidelines). The Invoice & School Evaluation form are required for payment

FROM

ARTIST/ORGANIZATION

D

BOCES Contract #

STREET ADDRESS

CITY, STATE AND ZIP CODE

TELEPHONE

PERFORMANCE/WORKSHOP/RESIDENCY TITLE{S}

DISTRICT

SCHOOL(S)

DATE(S) OF PROGRAM OR PERFORMANCE

	X		PER	=	
Program Unit Fee	Quantity	Hour/ Day/ Session or Performance			Total Amount Due

This is to certify the Arts-in-Education services charged and included in the above claim have actually been performed and that no payments have been made therefore except as noted herein

SIGNATURE OF ARTIST/ORGANIZATION

DATE

SIGNATURE OF AUTHORIZED SCHOOL DISTRICT OFFICIAL

DATE

RETURN IMMEDIATELY AFTER PROGRAM TO:

Stacy Chryssikos, Arts-in-Education Coordinator
Putnam Northern Westchester BOCES
200 BOCES Drive | Yorktown Heights, NY 10598-4399
914/248-2349 FAX # 914/248-3838 -or- 914/248-2390

schryssikos@pnwboces.org | ARTS WEBSITE: <http://www.pnwboces.org/artsined/>



Payment will be processed with a minimum of 2-3 weeks after the submission of this Invoice & School Evaluation form