Erie Arts & Culture
23 West 10th Street, Suite 2
Erie PA 16501

Res. ID # _____

Artist Invoice Form

Artist Name: _____ Host Site: _____

Artist Fees
Invoice for: (*Please check the appropriate box or boxes*)

Planning/Observation Day(s)..... ☐ Planning Date(s): ___/__/__ to __/__/__

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

Final Invoice for Residency ☐
(Remember to include Final Report)

$_____ x _____ = $_____
Daily Artist Fee | # Days for this invoice | **Total Fees**

Artist Expenses
Please Remember: *You MUST Attach Valid Receipts for Food, Lodging & Materials*

Mileage _____ x _____ = _____ x $.54 = $_____
# of Trips | Round Trip Miles | Total Mileage | Mileage Expense

Lodging..... $_____
Lodging Expense

Meals ..... $_____
Meal Expense

Materials..... $_____
Materials Expense

$_____
Total Expenses

Payable to: _____

Address: _____

_____

Signature:

_____

Today's Date: _____

$ _____
Total Amount Due
(Fees & Expenses Added)

Please allow a minimum of two weeks to process payment upon receipt of invoice.

NOTE: In order to process final payment an Artist Final Report must be included with your invoice at conclusion of the residency. Payment processing will be held until all required documents are in place.

OFFICE USE ONLY

Class: DAIE

Account: Residency Fees | Residency Expenses

Job: _____

Amount: _____

Desc: _____

Approved _____ Date: _____