

2018-19 Run for the Arts Payment Form

Questions? Contact Josephine, Program Operations Manager, at 503-225-5900 x231

INSTRUCTIONS

This form and supporting documents should be **submitted at least 2 weeks prior to a program's start date** (if applicable) and in no event later than June 19, 2019. Only use for 2018-19 school year expenses. A confirmation invoice will be sent to the school after processing.

CHECK D	ETAILS					
Make check payable to:			Check Amount: \$			
Mail check to: Street Address		Cit.		State Zip		
Type		City		State Zip		
Choose	☐ Non-Roster Arts	☐ Arts Supplies (B)	☐ Arts Services or	□ Professional		
One:	Program (A)		Transportation (C)	Development (D)		
One.	Any arts program that is not listed on Young Audience's website. Services must be for and include students (i.e. funds cannot be used to commission artwork from an artist).	All expenses must be intended for use in an arts experience for students (e.g. clay, sheet music, watercolor sets, marimbas, a kiln, cameras, etc.).	Payments to artists or vendors that indirectly benefit the arts experiences of students (e.g. piano tuning, kiln repair, bus to symphony, rights to a play, etc.).	Payment for teacher PD in the arts (only if program is intended to directly strengthen the arts experience of students).		
-		Please c	omplete Section A, B, C, o	r D on the next page <mark>→</mark>		
PURPOSE						
Describe how the	e program, arts service or purch	ase will enhance the arts experier	nces of students:			
PAYMENT	Γ AND AUTHORIZA	TION:				
or expense that	is equal to the amount describe	es to make a deduction from the sed above plus a 10% processin g ailed in the Statement of Fiscal Pr	g fee (Section A) or 5% proces			
Principal's Signature:			Date:			
School Name:			District:			
Person to conta	act with questions:	Email:				
Email school co	onfirmation invoice to:					

PLEASE RETURN THIS FORM AND ADDITIONAL DOCUMENTS TO YOUNG AUDIENCES

SECTION A

Non-Roster Arts Program

an invoice thatan IRS W-9, ifa signed State	o to the artist, also ask them for at details their services and total fe we don't have one on file (call to co ement of Fiscal Procedures (or an individual artist once per school	ee onfirm if unsure) nly needs to be	School alreadSubmit a form		t check and their i	nvoice with this		
Artist Name:			Artis	tic Discipline):			
Start Date: End Date: Grade Level(s			:): Total Number of Students:					
Type of Program:	☐ Assembly/Performance:	Assembly/Performance: Number of Performances by Artist:						
	Residency/Workshop:	os: x Sessior	_x Sessions per Group: = Total # of sessions:					
		SECTION	on B					
	voices (not order forms) are requir ou don't need to re-write them in f		ted. Please send			oices/receipts have		
Description/V	/endor			Quantity	Cost per Item	Item Total Cost		
2								
3								
4								
5								
6								
					Total:			
		SECTION	ON C					
	Arts invoice with this form. Payments the ense:		rvices also require	e a W-9.				
		SECTION						
Please include their	P i invoice and a W-9 with this form.	rofessional L	Development	t				
Start Date:	End Date:		Number of Te	achers Parti	cipating:			
Brief Description:								
P	LEASE RETURN THIS FORM	AND ADDITION	NAL DOCUMEN	тѕ То Үо	UNG AUDIENC	ES		