



The Arts in Education Program of Central Intermediate Unit # 10  
345 Link Road, West Decatur, PA 16878

## Artist Services Confirmation / Invoice

**NOTE: For AFAD, submit only one invoice per service, or per service day.**

**Artist:** 1) Please complete A, A.1 and B. 2) Then ask an authorized host-site representative to sign at C.

**Artist:** \_\_\_\_\_ **Service Date(s):** \_\_\_\_\_ **Host Site:** \_\_\_\_\_

### A. Type of Service: (Please check one.)

☐ Artist for a Day (AFAD) **Complete A.1 below.** ☐ Workshop - Penn State  
☐ Artist Residency (Total # days \_\_\_\_\_ / # days completed \_\_\_\_\_) ☐ Workshop/Performance - Senior Program

#### ☐ A.1: **For AFAD, please indicate the specific type of services offered:**

##### For a Single Artist:

☐ Up to 3, 1-hour lessons w/ a single artist  
☐ Up to 2, 1.5-hour lessons w/ a single artist  
☐ 1 performance w/ a single artist  
☐ 1 performance plus up to 2, 1-hour lessons w/ a single artist  
☐ 2 performances w/ a single artist

##### For an Ensemble:

☐ 1 performance w/ an ensemble  
☐ 1 performance plus up to 2, 1-hour lessons w/ an ensemble  
☐ 2 performances w/ an ensemble

**B. Materials:** This service included a fee for materials as indicated in promotional material. Yes \_\_\_\_\_ No \_\_\_\_\_

**C. Host Site Representative:** I confirm that the above artist has completed the indicated services.

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
(Print)

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**Artist Invoice:** My services have been rendered as above. I am invoicing Galaxy/CIU # 10 an amount based upon contracted services rates.

**Fee for Service:** \$ \_\_\_\_\_ (NOTE: If payment is for a residency, indicate **DATES and # of DAYS** that apply to this invoice: \_\_\_\_\_ / \_\_\_\_\_)  
Specific Dates # Days

**Materials:** (If applicable as per promotional material.)  
An original, signed receipt is enclosed for the amount of \$ \_\_\_\_\_

**TOTAL DUE:** \$ \_\_\_\_\_ **Artist Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_