



**Submitted by
Artist
Instructor**

Billing Invoice for Arts in Schools Program

Submit Bill to: Chewelah Arts Guild
PO Box 1437
Chewelah, WA 99109

Artist Instructor: Name (please print) _____
Mailing Address _____
City, State, Zip code _____
Phone # _____ email _____

Date(s) of services in School: _____

School where services were provided: _____

Name of Project: _____

Number of Hours worked in the School: (\$40 p/hr.) _____

1 Hour for Travel/Prep of materials, etc. included \$40 _____

Sub-Total: _____

Supplies purchased by Artist: _____

Cost of Supplies purchased by Artist needing reimbursement: _____
(Copies of Supplies Receipts must be attached)

TOTAL: _____

Artist Instructor Signature: _____ Date: _____

Classroom Teacher: _____ Signature: _____