



2018-19 Actual Costs Invoice

Please use this form to request payment for any estimated costs on your contract. *Actual* costs **cannot** exceed *estimated* costs without the principal's signature below.

Teaching Artist: _____ Corresponding Contract # _____

School Name: _____ Program Dates: _____

This is my **final** invoice for this contract

SUPPLIES & OTHER ESTIMATED COSTS

Receipts are not required and payments are considered part of the artist's fee for services. Invoices for supplies and other costs are due *no later* than **14 days** after the end date of the program and in no event later than **12pm on June 19, 2019**.

	Supplies Description	Cost
1.		
2.		
3.		
4.		
5.		
6.		

Use a second sheet if necessary.

Supplies Total: \$ _____

	Other Costs Description	Cost

Use a second sheet if necessary.

Other Costs Total: \$ _____

SIGNATURES

Teaching Artist's Signature

Date

Principal's Signature (only to approve costs not on the Arts Services and Fees Form)

Date

SUBMIT COMPLETED FORM TO:

Young Audiences | 1220 SW Morrison St., Ste 1000, Portland, OR 97205 | 503-225-5900
Scan and email to Kim Strelchun: kstrelchun@therightbraininitiative.org