



# 2019-20 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 10, 2020**.

|    | 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: \$ \_\_\_\_\_

**GRAND 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](mailto:kstrelchun@therightbraininitiative.org)