

# Artist Residency Invoice\* Form

Southern Alleghenies Museum of Art  
P.O. Box 9 Loretto, PA 15940  
p: 814-472-3920 / f: 814-472-4131  
[aie@sama-art.org](mailto:aie@sama-art.org) or [jcampbell@sama-art.org](mailto:jcampbell@sama-art.org)

Name of Artist \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Host Site/School \_\_\_\_\_

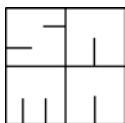
Site Coordinator(s)/Teacher(s) \_\_\_\_\_

- Artist Residency\*\*
  - Daily Rate \$ \_\_\_\_\_
  - Dates of Residency \_\_\_\_\_
  - Total Number of Residency Days \_\_\_\_\_
  - Mileage (if applicable): \_\_\_\_\_ miles x \$0.50/mile = \$ \_\_\_\_\_

\*This is an invoice for payment for residency activities. All residency evaluations must be completed by the artist and submitted to Jessica Campbell no more than **one week** after the residency has been completed.

\*\*Please note an invoice for an Artist Residency may be submitted to SAMA after the first 10 originally scheduled days of the 20-day residency have been completed. A second invoice may be submitted for Residency Days 11-20 after the second 10 originally scheduled residency days have been completed. Payment will not be granted for additional residency days not approved by SAMA.

**Artist Evaluations must be received before any payment is made.**



Return completed invoice forms to:  
Southern Alleghenies Museum of Art  
Attn: Sandie Hampton  
PO Box 9, Loretto, PA 15940

Phone: 814-472-3921 • Fax: 814-472-4131 • E-mail: [shampton@sama-art.org](mailto:shampton@sama-art.org)

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