

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 or jcampbell@sama-art.org

Name of Artist _____ Telephone (____) _____

Street Address _____ City/State/Zip _____

Host Site/School _____

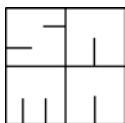
Site Coordinator(s)/Teacher(s) _____

- 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

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