Invoice # \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (office use only)



 **Artist in Residence Project**

 A Collaboration between the **York Region District School Board**

 and the **Ontario Arts Council**

OCT

 **Artist Invoice**

**Please read the following:**

* Artists are to provide a completed **Artist Invoice** and **all original receipts** when requesting payment for services.
* **Artists holding an OCT (Ontario College of Teachers) certificate must check the box above.**
* Artists may submit invoices at the completion of a five day workshop or at the end of each month.
* Please complete a separate Artist Invoice for each school.
* Payment will be sent to the Artist’s Address or through Direct Bank Deposit (as requested by the artist).
* Artists are paid $250 per day/ $125 per half day plus travel fee.
* Travel Fee is $ .51 per km to a maximum of $42 per day. Please include all public transportation receipts.
* Based on a five day workshop (half days or full days), artists may invoice one half day or one full day for planning time with school teacher(s).
* Please return the completed invoice through the board courier to *Debbie Donsky, CLL Newmarket*.

|  |  |  |
| --- | --- | --- |
| Artist Name | Artist Mailing Address | Artist Phone  |
| Cheque Payable To |  Project School | Teacher Name |
| Date Invoice Submitted |

**Invoice Log**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date**(one day per row) | **Fee** | **Planning or Teaching** | **Travel Fee** | **Total****(Fee + Travel)** |
|  | \_\_\_\_\_\_Full Day ($250)\_\_\_\_\_\_Half Day ($125) | \_\_\_\_\_\_ Planning\_\_\_\_\_\_ Teaching | $.51/km x \_\_\_\_\_\_\_= $\_\_\_\_\_\_\_or $42 max. with receipts | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | \_\_\_\_\_\_Full Day ($250)\_\_\_\_\_\_Half Day ($125) | \_\_\_\_\_\_ Planning\_\_\_\_\_\_ Teaching | $.51/km x \_\_\_\_\_\_\_= $\_\_\_\_\_\_\_or $42 max. with receipts | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | \_\_\_\_\_\_Full Day ($250)\_\_\_\_\_\_Half Day ($125) | \_\_\_\_\_\_ Planning\_\_\_\_\_\_ Teaching | $.51/km x \_\_\_\_\_\_\_= $\_\_\_\_\_\_\_or $42 max. with receipts | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | \_\_\_\_\_\_Full Day ($250)\_\_\_\_\_\_Half Day ($125) | \_\_\_\_\_\_ Planning\_\_\_\_\_\_ Teaching | $.51/km x \_\_\_\_\_\_\_= $\_\_\_\_\_\_\_or $42 max. with receipts | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | \_\_\_\_\_\_Full Day ($250)\_\_\_\_\_\_Half Day ($125) | \_\_\_\_\_\_ Planning\_\_\_\_\_\_ Teaching | $.51/km x \_\_\_\_\_\_\_= $\_\_\_\_\_\_\_or $42 max. with receipts | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | \_\_\_\_\_\_Full Day ($250)\_\_\_\_\_\_Half Day ($125) | \_\_\_\_\_\_ Planning\_\_\_\_\_\_ Teaching | $.51/km x \_\_\_\_\_\_\_= $\_\_\_\_\_\_\_or $42 max. with receipts | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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 **Total Fees and Travel (A) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**Supplies**

Please give a brief description of supplies and **attach original receipts** to this invoice

|  |  |  |  |
| --- | --- | --- | --- |
| Item & Explanation | Cost excluding taxes(A) | HST(B) | Cost incl. all taxes(A+B) = (C) |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
| 7. |  |  |  |
| 8. |  |  |  |
| 9. |  |  |  |
| 10. |  |  |  |
|  | $ | $ | $ |

 **Total Supplies (C) $ \_\_\_\_\_\_\_\_\_\_\_\_**

**TOTAL AMOUNT REQUESTED**

|  |  |
| --- | --- |
| **Total Fees and Travel (A) \_\_\_\_\_\_\_\_\_\_\_\_+ Total Supplies (B) \_\_\_\_\_\_\_\_\_\_\_\_\_ =** |  **Grand Total $\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |
| --- |
| **Declaration of Artist: I certify that I am self-employed and as such, undertake to pay all relevant taxes.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of Artist (print) Signature of Artist Date |

|  |
| --- |
| **Declaration of Teacher: I certify that the information contained in this Invoice is correct and that the Artist has completed all work as indicated**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of Teacher (print) Signature of Teacher Date |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Debbie Donsky**

Principal, Learning Design & Development, The Arts & Inquiry Based Learning

**Please return the completed invoice through the board courier to**

**Debbie Donsky, Principal, LD & D, The Arts & Inquiry Based Learning**

**CLL Newmarket**

 