

TEACHING ARTIST INVOICE

Invoice Date: _____

Name: _____

Address: _____

Phone: _____

Email: _____

Send Signed Invoice To:

For professional services rendered as follows:

Dates of Service: _____ – _____

_____ at
Project Name

Library Name

Teaching Artist Fees: Description	HOURS	RATE /hr	TOTAL
<i>Teaching Artist Fees Subtotal:</i>			

Materials/Supplies: Description	QTY	UNIT PRICE	TOTAL
<i>Materials/Supplies Subtotal:</i>			

Librarian Authorization:

TOTAL DUE:	
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Print Name

Signature – OK to Pay

Date