



NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ARTIST SERVICES PROVIDED TO: \_\_\_\_\_  
(Name of School)

ART FORM DEMONSTRATED: \_\_\_\_\_

CLASS GRADE: \_\_\_\_\_

DATE & TIME OF SERVICE: \_\_\_\_\_

VERIFIED BY TEACHER (PRINT NAME): \_\_\_\_\_

TEACHER SIGNATURE: \_\_\_\_\_

PAYMENT AMOUNT REQUESTED: \$30 X \_\_\_\_\_ hrs. = \$ \_\_\_\_\_  
(Maximum of 2 hrs. per request)

SUPPLY COSTS: \$ \_\_\_\_\_  
(Maximum reimbursement of \$2 per student unless written, prior authorization from Arts Council is attached).

RECEIPTS FOR SUPPLY COSTS MUST ACCOMPANY THIS REQUEST IN ORDER TO RECEIVE PAYMENT.

DEADLINE: THIS FORM MUST BE SUBMITTED BY ARTIST NO LATER THAN 15 DAYS AFTER LAST CLASS DEMONSTRATION WAS HELD AT THE ABOVE SCHOOL. FOR YOUR CONVENIENCE, YOU MAY SUBMIT BY MAIL, EMAIL OR FAX.

EMAIL FORM TO **LINDA STEWART**: [magnoliahouse94560@sbcglobal.net](mailto:magnoliahouse94560@sbcglobal.net) or

FAX FORM TO **SUZANNE PERSHING**: (510) 483-6331 or

MAIL FORM TO: Arts Council of San Leandro . 1271 Washington Ave. PMB 813 . San Leandro, CA 94577

FOR ART COUNCIL ACCOUNTING PURPOSES ONLY

Date invoice received: \_\_\_\_\_

Demonstration information verified: \_\_\_\_\_

All receipts attached:  YES  NO

Date payment mailed to artist: \_\_\_\_\_

Check #: \_\_\_\_\_