



MSAC Visiting Performer Invoice

VP Name: _____ **SS#:** _____

VP Address: _____

Program: MSAC Arts in Education Visiting Performer Program

School/Site Name: _____

School/Site County: _____ **Total # of Performances:** _____

Performance Location, Date, and Time	Amount (\$)
Performance 1: <i>[INSERT Performance Location, Date, and Time]</i>	<i>[\$[INSERT Amount]</i>
Performance 2: <i>[INSERT Performance Location, Date, and Time]</i>	<i>[\$[INSERT Amount]</i>
<i>[Add lines as needed.]</i>	
Number of Miles Round Trip (.58/mile)	<i>[\$[INSERT Amount]</i>
Total	<i>[\$[INSERT Total Amount]</i>

Amount Paid by School: _____

Amount Paid by Other Source(s): _____ **Identify Source(s):** _____

Amount of MSAC/AiE Funds: _____

AiE VP Signature: _____

Date: _____

MSAC Staff Approval: _____

Date: _____

MSAC Fiscal Officer Approval: _____

Date: _____