



CERTIFICATE OF SERVICE
Artists in the Schools 2018-2019
Residency

School Name & District: _____

School Coordinator Name & Email: _____

Residency Offering Name: _____

Teaching Artist Name: _____

Residency Dates:

Date _____	2 hrs =	\$ 50.00
Date _____	2 hrs =	\$ 50.00
Date _____	2 hrs =	\$ 50.00
Date _____	2 hrs =	\$ 50.00
Date _____	2 hrs =	\$ 50.00
Date _____	2 hrs =	\$ 50.00
Date _____	2 hrs =	\$ 50.00
Date _____	2 hrs =	\$ 50.00
Date _____	2 hrs =	\$ 50.00
Date _____	2 hrs =	\$ 50.00
Date _____	2 hrs =	\$ 50.00
Date _____	2 hrs =	\$ 50.00

Session Total : _____

Planning, Travel, Set Up, Clean Up: **\$100**

TOTAL

SIGNATURES:

Signature of School Coordinator

Date

Signature of Teaching Artist

Date