Bill and Mail to:
St. Lawrence-Lewis BOCES
St. Lawrence Valley Education Center
30 Court Street
Canton, NY 13617

Visiting Artist Invoice for Services
Arts-in-Education (402.5842)

Purpose: Visiting Visual Artist in component school districts. I hereby verify that I have completed the following visits:

Please remit payment to:

Name:_____

Address:_____
(Street) (City) (State) (Zip)

Date of visit	School District	# Hrs.	$ Amount (3 hrs. = $140) (6 hrs. = $280) (12 hrs. = $560)
		Total Fee	$

Mileage Reimbursement: Rate of reimbursement is .55¢. Maximum amount to receive is $40 per visit. Use BOCES mileage chart to determine the number of miles between schools.

Date	Starting Point (nearest school)	Destination (school district)	Check if returned	Number of Miles
			Total Miles	

_____ X .55¢ = $_____
(total miles) (total claim)

Signature of Artist:_____ Date:_____

Approved by:_____ Date:_____
(BOCES Administrator/Coordinator)