

BILL AND MAIL TO:

OFFICE OF THE ASSISTANT SUPERINTENDENT FOR INSTRUCTION

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) (9 hrs. = \$420)
Total Fee			\$

Mileage Reimbursement: Rate of reimbursement is .555¢. 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 .555¢ = \$ _____
(total miles) (total claim)

Signature of Artist: _____ Date: _____

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