

Payment Claim Form for Performers and Presenters



Education through the Arts

IMPORTANT: Payment for a project or presentation can only be issued after this form is submitted to the PERFORM! office. Please use one form per project (exception is joint performance and workshops at same school). Allow two weeks **FROM SUBMISSION** for processing your payment.

PAYMENT CLAIM FORMS MUST BE SIGNED BY A SCHOOL REPRESENTATIVE

Artist must submit form directly to the PERFORM! Coordinator by:

Scanning and emailing it to coordinator@performns.ca

OR in person or by mail to Theatre Nova Scotia, 1113 Marginal Rd, Halifax, NS B3H 4P7

OR FAX it to (902) 422-0881 – ATTN: PERFORM! Coordinator

Artist: _____

School: _____

Activities engaged in: Workshop (# of hours _____) and/or Presentation (# of Performances: _____)

Date Started: _____ **Date Completed:** _____ **Number of school visits:** _____

Grades: Workshop(s) _____ Presentations(s) _____ **Number of students:** Workshop(s) _____ Presentation(s) _____

School's Notes or Comments _____

Contact Name: _____ **Position:** _____

Contact Signature: _____ **Date:** _____

FOR OFFICE USE ONLY - DETAILED PAYMENT CLAIM (TO BE FILLED OUT BY THE PERFORM! COORDINATOR)

	Invoice	W _____	P _____
Mileage Expenses: Distance (min 70 km): _____ x \$0.35/km=	\$ _____	\$ _____	\$ _____
Travel fees (if applicable): _____ x \$12.00/hr=	\$ _____	\$ _____	\$ _____
Number of Workshop or Residency Hours: _____ x \$40.00/hr=	\$ _____	\$ _____	\$ _____
Performance fees:	\$ _____	\$ _____	\$ _____
Other approved fees: M _____ A _____ PD _____	\$ _____	\$ _____	\$ _____
HST (if applicable): PERFORM! pays W _____ P _____	\$ _____	\$ _____	\$ _____
Invoice total(s): PERFORM! Coordinator Approved _____	\$ _____	\$ _____	\$ _____
TOTAL COST TO THE PERFORM! PROGRAM:	\$ _____	TNS Approved _____	

FOR OFFICE USE ONLY

Project #: _____ Project Total: _____

Cheque #: _____ Date of Cheque: _____

Notes: _____
