



Education through the Arts

# PERFORM! Payment Claim Form for Performers and Presenters

**IMPORTANT:** 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**

**Submit form directly to the Coordinator by:** Emailing it to [coordinator@performns.ca](mailto: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

|  |                                       |                      |                    |                       |              |
|--|---------------------------------------|----------------------|--------------------|-----------------------|--------------|
| <b>Artist</b>                                  |                                       |                      | <b>School</b>      |                       |              |
| Date started                                   |                                       | Date Completed       |                    | # of school visits    |              |
| Workshop Hours                                 |                                       | Grade levels         |                    | # of students         |              |
| Presentation                                   |                                       | Grade levels         |                    | # of students         |              |
| <b>Contact</b>                                 |                                       |                      | <b>Position</b>    |                       |              |
| <b>Signature</b>                               |                                       |                      | <b>Date</b>        |                       |              |
| C<br>o<br>m<br>m<br>e<br>n<br>t<br>s           |                                       |                      |                    |                       |              |
| <b>FOR OFFICE USE ONLY</b>                     |                                       | <b>Accounting</b>    | <b>Workshop \$</b> | <b>Performance \$</b> | <b>Acc't</b> |
| <b>Description</b>                             | <b>Invoice Number(s)</b>              |                      |                    |                       |              |
| Workshop or Residency fees:<br>_____ x \$40/hr | T:5981<br>D:5982<br>C:5983<br>MM:5987 |                      |                    |                       |              |
| Materials expenses:                            | 5961                                  |                      |                    |                       |              |
| Performance fees:                              |                                       |                      |                    |                       | 5975         |
| Admin Fee to Perform                           |                                       |                      |                    |                       | 5960         |
| Mileage Expenses: _____ x \$.35/km             | 5990                                  |                      |                    |                       | 5990         |
| Travel fees: _____ x \$12/hr                   | 5991                                  |                      |                    |                       |              |
| Accommodation expenses:                        | 5989                                  |                      |                    |                       | 5989         |
| Per diem expenses                              | 5988                                  |                      |                    |                       | 5988         |
| HST on materials (direct)                      | 5961                                  |                      |                    |                       |              |
| HST on Accommodation                           | 5973<br>1075                          |                      |                    |                       | 5973<br>1075 |
| <b>INVOICE SUBTOTALS:</b>                      |                                       |                      |                    |                       |              |
| <b>PROJECT NUMBER(S)</b>                       |                                       | <b>PROJECT TOTAL</b> |                    |                       |              |
| PERFORM! Coordinator Approved                  |                                       | TNS Approved         |                    |                       |              |
| Payment #                                      |                                       | Payment Date         |                    |                       |              |
| Notes  |                                       |                      |                    |                       |              |