

SCHOOL OF MUSIC

Mail Check To Artist

**Give Check To Faculty
Pick Up:**

Check to be delivered to: _____

**APPLICATION FOR GUEST
ARTIST FUNDING**

**NOTE: Check Requests Require A Minimum
Of Two (2) Weeks In Advance To Be
Requested And Printed. Checks Are
Run ONLY on Tuesdays and Fridays.**

Faculty Member: _____

Artist Name: _____

Street Address: _____

City, ST Zip: _____

E-Mail: _____

Telephone #: (_____) _____ - _____

Date(s) of Service: _____ THROUGH _____

Description of Services (i.e. Master Class, Recital, Lecture)

How does this guest artist represent and/or advance the core values of the University (i.e. Diversity and Inclusion, Learning and Scholarship, Individualized Attention, Civic Engagement)? <https://strategicplan.illinoisstate.edu/values/>

Estimated Costs & Notes:

Artist Fee \$ _____	Lodging Fee \$ _____
Travel \$ _____	Meals \$ _____
TOTAL COST: \$ _____	

Funding Source: Source 1 _____ Amount: \$ _____

Source 2 _____ Amount: \$ _____

SOM Requested Amount \$ _____

OFFICE USE ONLY

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SOM Approved Amount \$ _____