

SCHOOL OF MUSIC

Mail Check To Artist

Give Check To Faculty

Pick Up: ____/____/2014

**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: _____
Day Month Day(s) Year

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

Estimated Costs & Notes:

Artist Fee \$ _____ Lodging Fee \$ _____

Travel \$ _____ Meals \$ _____

Total Estimated Costs \$ _____

Funding Source:

Source 1 _____ Amount: \$ _____

Source 2 _____ Amount: \$ _____

Source 3 _____ Amount: \$ _____

SOM Requested Amount \$ _____

SOM Approved Amount \$ _____