

ARTIST INVOICE

Invoice Date: _____ PO Number: _____

Name: _____

Address: _____

Phone(s): _____

email: _____

Name of Program/Event: _____

Date Due (date of event): _____

Services Rendered: _____

Check Payable to

Amount Due

For Musicians only please check one:

Band **Name of Band** _____

Soloist **Number of Band Members** _____

Please select those that apply:

My completed W-9 form is on file with Lackawanna County.

I am a new artist and will need to submit a completed and signed W-9 form.

**Save this completed form to your computer or phone, it then email it to
arts-culture@lackawannacounty.org**