

ARTIST INVOICE

Invoice Date: _____ PO Number: _____

Name: _____

Address: _____

City, State, ZIP: _____

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