



an arts education partnership of the Arts Council of Mendocino County and the Mendocino County Office of Education

SCHOOL VERIFICATION FORM

PLEASE NOTE: This form is to be completed by a teacher or school administrator to verify completion of GASP services. One Verification Form is required for each GASP project in order to process artist payment.

Number of Classes/Performances: _____ Number of Students Served: _____

Program Date(s): _____

YOUR NAME: _____

TITLE: _____

SCHOOL: _____

EMAIL: _____

SCHOOL OFFICIAL SIGNATURE: _____ DATE: _____

*Thank you for taking the time to complete and return this verification!
Your input is important to the future success of GASP.*

ARTIST PAYMENT CLAIM FORM

ARTIST NAME: _____

MAILING ADDRESS: _____

PROJECT: _____

Artist Fee: \$ _____ Is this a partial payment request? ___ Yes ___ No

Materials: \$ _____ *Please indicate the value of any in-kind support—*

TOTAL CLAIM DUE: \$ _____ *this helps us raise funds in the future: \$ _____*

ARTIST SIGNATURE: _____ DATE: _____

Please return completed form to:

Arts Council of Mendocino County, 309 E. Perkins Street, Ukiah, CA 95482

If you have any further questions, feel free to email or call 707-463-2727.

Please allow 2–3 weeks for the processing of your payment.

FOR OFFICE USE ONLY:

Verification Form

W-9 Form

Artist Evaluation

Teacher Evaluation

Photos

OK TO PAY