



Fiscal Sponsorship Program Work Invoice

Name of Project: _____

Name of Payee: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Social Security # (REQUIRED) _____

Original invoice is required for reimbursements.

*Acct #	Name of Event/Work Completed	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total: \$ _____

Name: _____ Phone: _____
(Project Director must submit this form, electronic signature is acceptable)

Signed: _____ Date: ____/____/____

Please check this box if you wish to have your check picked up from CounterPULSE and not mailed. Checks will be available for pick up during CounterPULSE office hours only in the staff hallway "For Pick Up" mailbox.

PLEASE NOTE: Request for payment forms are due **by 5pm on Friday**, and payment is issued and sent within two weeks.

***ACCT #s:**

Professional Fees

- 6-2100 Accounting
- 6-2400 Fundraising Professional
- 6-2500 Administrative Staff
- 6-2700 Professional Development

Artistic Fees

- 6-3100 Artist Commissioning Fees (Lead Artist)
- 6-3200 Performer/Artist
- 6-3300 Designer
- 6-3400 Teacher

Technical Fees

- 6-4210 Tech Crew
- 6-4230 Videographer/Photographer
- 6-4240 House/Stage Mgmt.

Advertising and Marketing

- 6-6200 Publicist

For Office Use Only:	CP Prog Mgr _____	CP Exec Dir _____
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