

Form must be received by mail or email no later than April 25 to be paid.

Please print your information

You can also submit this form online at:

Thursdaymusical.org/submit-an-invoice

lame:
ddress:
ity, State and Zip:
mail Address:
hone Number:
erformance Date:
tipend Amount:

Honorarium (Stipend) Amount

Thursday Musical provides an honorarium for Community Concerts per performing group: \$75.00 (shared concert) **OR** \$150.00 (full concert)

Checks are mailed to the artist booked and/or the ensemble contact person 2-3 weeks after an invoice is submitted. Further splitting of fees is the obligation of the performers.

I would like to donate my Honorarium back to Thursday Musical: Q Yes Q No

Please mail this form to:

Thursday Musical P.O. Box 16568 St. Louis Park, MN 55416

T: (612) 333 0313

E: info@thursdaymusical.org

Accounting Use Only

Date Received:		Invoice #:	Honorarium
Service Code:	CC – 5200.7 Community Concert	Performance Verified:	Yes or No
Note to Accountant:			