

GUEST ARTIST EXPENSE REPORT

PLEASE SUBMIT COMPLETED FORM TO ASHLEY NAVARRA: NAVARRAA@UNCW.EDU (HARD COPY IS ALSO ACCEPTABLE)

MATERIALS DEADLINES TO ASHLEY NAVARRA: \$9,999 OR LESS: 4 WEEKS IN ADVANCE OF PAYMENT DUE DATE

\$10,000 OR MORE: 8 WEEKS IN ADVANCE OF PAYMENT DUE DATE

Faculty coordinator _____

Guest artist:

last name _____ first name _____

day phone _____ cell phone _____

email address _____ website _____

current employer or company name _____

Is this contractor a former student? Yes ___ No ___ Former employee? Yes ___ No _____

Will contractor have unsupervised contact with students and/or minors? yes ___ no ___

is guest artist related by blood or marriage to a UNCW employee, retired state employee,

or within the calendar year been employed by UNCW or any other state agency?

yes ___ no ___ unknown ___

description of service to be provided _____

date(s) of service (begin and end) _____

Payment Options - not to exceed amount (choose one):

all inclusive fee \$ _____

fee / travel reimbursement \$ _____ / \$ _____

travel reimbursement only \$ _____

prepaid airfare \$ _____

lodging in lieu of fee or reimbursements \$ _____

Travel expenses to be reimbursed

airfare \$ _____

ground transportation (car rental, mileage, etc) \$ _____

lodging \$ _____

meals \$ _____

other \$ _____

Resident aliens or non-resident aliens will require additional paperwork.

For services totaling \$10,000 or more in a calendar year, a contract will be required.

For amounts greater than \$600 a copy of curriculum vitae, resume, or biography is required.

Payment for musicians, accompanist, staff, students

last name _____ first name _____

current faculty ___ current student ___ workshop counselor ___

hours per week _____ date(s) of service (begin and end) _____

description of service to be provided _____

payment \$ _____

last name _____ first name _____

current faculty ___ current student ___ workshop counselor ___

hours per week _____ date(s) of service (begin and end) _____

description of service to be provided _____

payment \$ _____

last name _____ first name _____

current faculty ___ current student ___ workshop counselor ___

hours per week _____ date(s) of service (begin and end) _____

description of service to be provided _____

payment \$ _____

Chair's signature _____ **Fund(s)** _____ **Date** _____