



145 Tremont Street, 7th Floor Boston, MA 02111
t 617.951.0010 f 617.951.0016
www.nefa.org | ndp@nefa.org

This is an interactive PDF file. You can type directly into this form by clicking onto a field, but the form cannot be saved, so make sure to print immediately after entering data.

Receipt Form

NEFA Application Number: FY ____ - ____

1. THIS SECTION TO BE COMPLETED BY THE ARTIST OR A REPRESENTATIVE OF THE ARTISTIC GROUP

This is to verify that I have received \$ _____ Cash*

This is to verify that I have received services equal to \$ _____ Housing*

This is to verify that I have received services equal to \$ _____ Travel*

From: _____
(Legal name of presenter)

For artistic services rendered on _____.
(Dates of performances/presentation)

PERFORMING GROUP/ARTIST: _____

SIGNATURE OF ARTIST OR REPRESENTATIVE: _____

NAME: _____

DATE OF PAYMENT: _____
(Please print)

2. THIS SECTION TO BE COMPLETED BY THE PRESENTER

This is to verify that all services described on the New England Foundation for the Arts (NEFA) presenter application form in connection with the artistic services of the above named performing group, composer or artist have taken place.

PRESENTER: _____

SIGNATURE OF REPRESENTATIVE: _____

NAME: _____

DATE OF PAYMENT: _____
(Please print)

* The combination of these amounts must match the total artistic fee as it appears on your NEFA application form, contract with the performing group, composer, or artist, and Evaluation form.

For office use only:
DRE _____