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This is an interactive PDF file.

For office use only:

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You can type directly into this form by clicking onto a field.
To return to NEFA, you may print and return by mail, or save as and rename the document to include your organization name and return through the document upload page in your grantee report in the NEFA portal, or email directly to copperman@nefa.org.

Receipt Form

	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 perform	nances/presentation)
	PERFORMING GROUP/ARTIST:	
	SIGNATURE OF ARTIST OR REPRESENTATIVE:	
	NAME:	
	DATE OF PAYMENT:	
	(Please print)	
2. TH	IS SECTION TO BE COMPLETED BY THE PRESENTER	
applic	s to verify that all services described on the New England Foundation for cation form in connection with the artistic services of the above named per have taken place.	
	PRESENTER:	
	CICALATURE OF REPRESENTATIVE	
	SIGNATURE OF REPRESENTATIVE:	