



Desautels
FACULTY of MUSIC

Requested by: _____
Date: _____

Faculty/Guest Artist Event Form

Event: _____

Description and Purpose of Event: _____

Location of event: _____

Faculty Contact: _____

Date of Event: _____

Time of Event: _____

Rehearsal date and time _____

Rehearsal Location (if required) _____

***Please confirm that there are no conflicting events at Investors Group Field**

Facilities

Requested Equipment (Music Stands, Chairs, Projector, Mic/PA, etc.): Please provide approximate numbers needed.

If booked in Eva Clare Hall, do you require recording?

Y N

Special Requests: (eg. Prepared piano)



Programs

Programs Required? Y N

of Programs: _____

If you have indicated that you require programs please email material 10 days in advance to Amanda.Wiebe@umanitoba.ca

Guest Artist Payment Information

Choose One

Individual

Invoice Information Required

1. Name
2. Mailing Address
3. Sin
4. Date of Service
5. Service Provided
6. Amount (CDN)

Tax Waiver Form? Y N
(if applicable please attach)

Business

Information Required

1. Business Name
2. Mailing Address
3. Date
4. PO#
5. Amount
6. GST#

Supplier (Epic) Y N

Quote provided: Y N

Please email payment information to Paula.Stimpson@umanitoba.ca

Office Use Only

NP: _____ NR: _____ PO: _____

FOAP for Payment: F _____ O _____ A _____ P _____

Facilities Intl: _____ Communications Intl: _____ Finance Intl: _____