

School of Music Guest Artist Funding Request

Faculty Member's Name: _____	Email: _____
Buff ID#: _____	Phone: _____

Request 1

Guest Artist Name: _____

Date(s) of Activity: _____ Location(s) _____

Activity Type: _____

Scope: _____ WT Student Participation: _____

Air/Rental Estimate: _____ Lodging Estimate: _____

Artist Pay Estimate: _____ Total Requested: _____

Request 2

Guest Artist Name: _____

Date(s) of Activity: _____ Location(s) _____

Activity Type: _____

Scope: _____ WT Student Participation: _____

Air/Rental Estimate: _____ Lodging Estimate: _____

Artist Pay Estimate: _____ Total Requested: _____