



## MUSICIAN PAYMENT FORM

Show: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Name of Musician: \_\_\_\_\_  
 Complete Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Note: Payment cannot be made until all requested information is given and the attached W-9 Form has been returned to the Treasurer.

Fill in each date this musician played for this production. Include all rehearsals, auditions, promotional events, and performances, but not individual rehearsal time. It is assumed that a musician will put in about three hours time for the stipend we pay. STG does not pay for time spent traveling to and from the theatre or rehearsal, and does not reimburse for travel expenses.

Dates

_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

(additional dates may be written on back of this form)

TOTAL TO BE PAID: \$ \_\_\_\_\_

Approved (Music Director's Signature): \_\_\_\_\_

Producer's signature: \_\_\_\_\_