



Dallas Summer Musicals
A NON-PROFIT ORGANIZATION

BEST OF BROADWAY

DSM HIGH SCHOOL MUSICAL THEATRE AWARDS JUDGE INVOICE

General Information

Name: _____

Address: _____ City: _____ State: ___ Zip: _____

How would you like to receive your check?

MAIL

PICK-UP from DSM

School Name	Performance Date	Rate	Amount Owed
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
TOTAL AMOUNT OWED:			\$

Please email all invoices to awards@dallassummermusicals.org. Please note that all invoices received by 5pm on Wednesdays will be processed the same week and available by 3pm that Friday. All invoices received after 5pm on Wednesday will be available the Friday of the following week.

Judge Signature

Date

E&CP Director Signature

Date

Account Code (for office use only): _____