



**BOSTON
ARCHITECTURAL
COLLEGE**

Model Confirmation/Reimbursement Form

Instructor's Name: _____

Course: _____

Model's Name: _____

Model's Phone Number: _____

Model's Mailing Address: _____

We verify that the above-named model worked _____ hours on _____ (date) for the above-named instructor.

We understand that the BAC pays \$30/1.5-hour session or \$60/3-hour session (time is not broken down into smaller units). We also understand that the check will be mailed to the model's address listed above approximately 2—4 weeks after receipt of a completed W-9 form.

A completed W-9 form must be attached to this form. If the model already submitted a W-9 in this year, they do not need to resubmit unless there has been a change of name, address, or tax status.

Instructor's signature

Model's signature

Please return this form to the Education Center
2nd floor, 320 Newbury Street
education@the-bac.edu