



Invoice Payment Form (pink)

Invoice(s) must be attached to this form.

Name _____ Phone _____

Committee _____ Date _____

Describe Event/Activity _____

Fundraising expensed? Yes _____ Name of Fundraiser : _____

Name of Company providing items/services: _____

(List each invoice)

Total Amount of Invoices to be paid \$ _____

Make check payable to: _____

Delivery Instructions:

Due Date _____

Mail to (address) _____

Pick up from Treasurer on _____ Leave in PTSA box on _____

For Treasurer's Use Only

Check # _____ Check Date _____ Check Amt. \$ _____

Expense Line

Amount

Treasurer's Signature _____