



The Parent Teacher Association / Asociacion de Padres y Maestros
Alvarado Elementary School

INVOICE:

To: Alvarado School PTA

Date: _____

Name: _____

Address: _____

Phone # _____

Description of Services Rendered:

Time Frame for Services: _____
(Month)

Fee: \$ _____

Notes: _____
(Any special considerations?)

Submit invoice by the 20th of each month to the program coordinator mailbox. If the invoice is submitted by the 20th, your check will be available by the first day of the following month. Please pick up your check from the school secretary, or provide a self-addressed envelope.

PTA Use Only:
Approved by person in charge of these funds: _____
(Committee Chair/Program Coordinator)

PTA Use Only:
Ck# _____
Date _____
Acct# _____ Amt _____