

Bill & Invoice Payment Form

All PTA Members requiring a bill or invoice payment must complete this form. Submit to the Treasurer with all documentation for payment to be issued.
This form is not intended for reimbursement.

Company Name / Service Provider: _____

Contact Person: _____ Title: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

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

Person Submitting Bill / Invoice: _____

Event / Committee: _____

Date Bill Received: _____ Date Bill Due: _____

Description of Payment: _____

TOTAL AMOUNT DUE: \$ _____

----- **FOR TREASURER'S USE ONLY** -----

Check Made Payable To: _____

Check Amount: \$ _____ Check #: _____

Date Issued: _____ Date Mailed: _____

Account / Line Item Debited: _____

Treasurer's Signature: _____ Date: _____

Comments: _____
