

OAK PTA

INVOICE PAYMENT FORM

PLEASE ATTACH
RECEIPTS TO
BACK SIDE OF
THIS CORNER.

DATE: _____

REQUESTED BY: _____

COMMITTEE: _____

CHECK PAYABLE TO: _____

ITEM(S)/PURPOSE(S)

1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____
4.	_____	\$ _____
5.	_____	\$ _____
6.	_____	\$ _____
7.	_____	\$ _____

TOTAL AMOUNT \$ _____

FOR PTA TREASURER'S USE ONLY – Please do not write below this line.

DATE PAID: _____

CHECK NUMBER: _____

BUDGET ITEM: _____

NOTES: