



Kentridge High School PTSA Invoice Payment Form (pink)

Please attach your invoices(s) to this form.

Name _____ Phone _____

Committee _____ Date _____

Name of Fundraiser or Event _____

Name of Company providing items/services _____

Explanation of Expense	Amount
_____	_____
_____	_____

Total Amount of Invoices to be Paid \$ _____

Make check payable to: _____

Delivery Instructions: Due Date _____

- Mail to (address) _____
- Pick up from Treasurer on this date _____
- Leave in the PTSA box by this date _____

1st Check Signature _____

2nd Check Signature _____

For Treasurer's Use Only

Check# _____ Check Date _____ Check Amount \$ _____

Expense Line	Amount
_____	_____
_____	_____

Treasurer Signature _____