

## Invoice Summary

Date: \_\_\_\_\_

PTA Event: \_\_\_\_\_

Committee Chair Name: \_\_\_\_\_

Phone/ Email: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/ Email: \_\_\_\_\_

Service Rendered: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Total Due</b> (Please attach original invoice(s) AND a copy of the contract)	
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<b>Check #</b>	<b>Date:</b>
<b>Category:</b>	