



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:

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Time Frame for Services: \_\_\_\_\_  
(Month)

Fee: \$ \_\_\_\_\_

Notes: \_\_\_\_\_  
(Any special considerations?)

***Submit invoice by the 20<sup>th</sup> of each month to Angela Danison in her box. 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 \_\_\_\_\_