ROBERT SEAMAN PTA
VENDOR INVOICE

VENDOR NAME: _____ TODAY'S DATE: _____

ADDRESS: _____

DATE OF PURCHASE	DESCRIPTION/COMMITTEE/FUNDRAISER	ITEMS/SERVICE PURCHASED	TOTAL AMOUNT
		SUBTOTAL	
		LESS ADVANCES	
		TOTAL	

**ALL RECEIPTS MUST BE ATTACHED

**PLACE IN AN ENVELOPE IN THE PTA MAILBOX (ATTN: TREASURER)

PLEASE HAND IN YOUR RECEIPTS ASAP TO HELP KEEP BOOKS BALANCED.

THIS SECTION FOR AUDITING PURPOSES

CHECK #

DATE PAID

TREASURER SIGNATURE

CO-PRES. SIGNATURE