

Lone Rock School
 Parent Teacher Membership
 1112 Three Mile Creek Rd.
 Stevensville, MT 59870



Invoice

Line item:

Date:

(Where is your money coming from, i.e.: Halloween Carnival, Teacher Request)

| Date of transaction | Description | Amount of purchase |
|-------------------------------|-------------|--------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total amount to be reimbursed | | \$ |

Transaction done by: _____

Date Paid: _____

Check #: _____

Pay to:

**To receive a reimbursement: please fill this invoice out completely, attach receipts or copies of receipts and turn in to the PTM mail box. We will get your reimbursement out as soon as we can. Please remember that we are volunteers and thank you for your patience.

Thank you for all you do to support your school, students and community.
 Lone Rock Parent Teacher Membership (PTM)