

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



Invoice

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

Date: 1/9/13

Date of transaction	Description	Amount of purchase
12/15/12	Reading Supplies (see attached receipt)	75.00
Total amount to be reimbursed		\$ 50.00

Transaction done by: _____
 Date Paid: _____
 Check #: _____

Pay to: Lone Rock School

Requestor: Sally Jo, 1st Grade Teacher

**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)