

Robert Seaman PTA Vendor Invoice

Vendor _____

| Date | Description/Committee/Fundraiser | Items/Service Purchased | Amount |
|----------------------|----------------------------------|-------------------------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Subtotal | | | |
| Less Advances | | | |
| TOTAL | | | |

Check #

Date paid

Treasurer signature

co-pres. Signature

*Receipts must be attached

**2010/2011 Cash Log
General PTA Account**

Event:

| Date | Cash Box Starting Amount | | Exec. Member Signature | Treasurer Signature |
|------|-----------------------------|--|---------------------------|------------------------|
| | | | | |
| | | | | |
| | | | | |

Funds Received

| Date | Cash Received | Checks Received | Total | Exec. Member Signature | Treasurer Signature |
|------|------------------|--------------------|-------|---------------------------|------------------------|
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