INVOICE

Vendor name: _____
Address: _____
Phone: _____
Email: _____

DATE: _____

Page _____ of _____

TO Margaret Mead Elementary School PTSA
1725 216th Avenue NE
Sammamish, WA 98074
(425) – 868-0760

DESCRIPTION OF ACTIVITY

STUDENT NAME	TUITION
Attach list of additional students if needed	
TOTAL TUITION FROM ADDITIONAL STUDENTS	
TOTAL DUE	

Additional students

STUDENT NAME		TUITION
	TOTAL THIS PAGE	