INVOICE

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

DATE: _____

Page _____ of _____

TO Lake Washington PTSA Council
PO Box 97039
Redmond, WA 98073

DESCRIPTION OF ACTIVITY

ATTENDEE NAME	TUITION
Attach list of additional attendees if needed	
TOTAL TUITION FROM ADDITIONAL ATTENDEES	
TOTAL DUE	

Additional attendees

ATTENDEE NAME	TUITION
TOTAL THIS PAGE	