



Lake Tapps Elementary School PTA

5.2.30

Proudly Serving Lake Tapps and Dieringer Heights Elementary Schools

STATEMENT OF SERVICES

Date: _____

Event/Services: _____

Amount Due/Fee: _____

Presenter/Pay to: _____

Address: _____

Phone Number: _____

Signature of Presenter: _____

Committee: _____

Committee Chair
Signature: _____

Notes: Please place completed statement of service document with appropriate invoices in the treasurers' box at either school for prompt response. All requests requiring payment that are received by end of day Monday will be mailed no later than Friday of the same week. For payments to be brought to an event or meeting please email the treasurer the details for pre-preparing the checks. Checks will be turned over when the completed form and invoice is turned in.

(For Treasurer Use Only)

Date: _____ Check #: _____ Amount: _____

Committee: _____