

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



**Invoice**

Line item:

Date:

Date of transaction	Description	Amount of purchase

Total \$ \_\_\_\_\_

Transaction done by: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Check #: \_\_\_\_\_

**Pay to:**

\*\*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)