**Debit Card Record**

**Your Organization Here**

|  |  |
| --- | --- |
| YOUR NAME:  | PHONE:( ) - |
| PROJECT/CATEGORY: |
| DATE SUBMITTED: / / | DATE PURCHASED: / / |
| REASON FOR CHARGE: |
|  INCLUDED IN or APPROVED AT MEETING ANNUAL BUDGET (DATE: / / ) |
| AMOUNT CHARGED:$ |
| NAME OF VENDOR: |

NOTE ANY SPECIAL/ADDITIONAL EXPLANATION

|  |  |
| --- | --- |
| APPROVED BY (PTO OFFICER):  | DATE: / / |
| APPROVED BY (PTO OFFICER):  | DATE: / / |

For Treasurer’s Use Only: Category \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Logged\_\_\_\_\_\_\_\_\_\_\_\_\_\_