**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_