



DEBIT CARD RECORD

Submit within two weeks of using debit card.

Name of vendor: _____

Amount charged: _____

Date: _____

Budget line(s)/Event Details: _____

Reason for expenditure: _____

Signature of approving officer: _____

ATTACH RECEIPTS!!!

Debit card privileges may be revoked by the PTO Treasurer if receipts are not submitted in a timely manner.

Note any special/ additional explanation below:

For Treasurer's use only:

Date paid: _____