

DEBIT CARD AUTHORIZATION

(Submit to PTO Treasurer within **10 days** of incurring the expense.)

Name of Individual Requesting Purchase:	
Email Address:	Phone:
PTO Event / Activity:	Date of Request:
Description of Expense:	
Type of Purchase: <input type="checkbox"/> On-Line <input type="checkbox"/> Telephone <input type="checkbox"/> Purchase At School <input type="checkbox"/> Purchase At Store	
Vendor Name:	Amount: \$
Vendor Address:	Vendor Telephone / Email Address:
<input type="checkbox"/> Included in Annual Budget or <input type="checkbox"/> Approved at Meeting (Date: / /)	

NOTE: Receipt(s), totaling the amount of reimbursement, must be attached.

Approved by PTO Officer:	Date:
Transaction Processed By:	Date:

Treasurer's Use Only: Line Item # _____ Check Number: _____
 Check Date: _____ Date Mailed: _____

**** Place Debit Card Authorization in the PTO Mailbox in the School Office for processing by the PTO Treasurer ****