

Debit Card Transaction Record

YOUR NAME:	PHONE: () -
PROJECT/CATEGORY:	
DATE SUBMITTED: / /	DATE PURCHASED: / /
REASON FOR CHARGE:	
<input type="checkbox"/> INCLUDED IN ANNUAL BUDGET or <input type="checkbox"/> APPROVED AT MEETING (DATE: / /)	
AMOUNT CHARGED: \$	
NAME OF VENDOR:	

NOTE ANY SPECIAL/ADDITIONAL EXPLANATION

APPROVED BY (Name of PTA OFFICER):	DATE: / /
APPROVED BY (Name of PTA OFFICER):	DATE: / /

For Treasurer's Use Only: Category _____ Dated _____ Logged _____