

# MHMS PTO Debit Card Record

Please fill out this request form with as much information as possible.

Date Submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_

Project / Category: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

☐ Included in Annual Budget    ☐ Approved at Board Meeting \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for charge: \_\_\_\_\_

Amount Charged: \$\_\_\_\_\_ Date Purchased: \_\_\_\_/\_\_\_\_/\_\_\_\_

Details of Expenses: \_\_\_\_\_

Vendor information:

Name: \_\_\_\_\_

NOTE: Attach receipt and submit to the PTO Board Treasurer.

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**Administrative Use Only:**

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved by:

Name: \_\_\_\_\_

Board Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_

Board Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If not approved, reason: \_\_\_\_\_

**Treasurer Use Only:**

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ RefCode: \_\_\_\_\_ Entered into Log Date: \_\_\_\_/\_\_\_\_/\_\_\_\_