



Debit Card Payment Authorization Form

Purchaser Name: _____ Date: _____

PTA PURCHASES

Please list date of purchas, each retailer, the PTA budget line item account to be debited (Hospitality, Membership, Fundraising, etc.), and the total amount being submitted for payment. List each receipt separately

Date of Purchase	Vendor (Place of Purchase)	Account to be Debited	Amount
			\$
			\$
			\$
			\$
Total			\$

The Committee Chairperson responsible for each budgeted account must authorize the expenditure below before the payment can be approved by the PTA President or Treasurer.

Chairperson Signature _____

Chairperson Signature _____

Chairperson Signature _____

Use Tax-Exempt Form when making purchases intended for resale. Receipts are *required* for PTA Financial Review and tax-reporting purposes.

PTA President or Treasurer Signature: _____ **Date:** _____

<p><u>Treasurer's Notes:</u></p> <p>Date rec'd: ___/___/___ Purchase Date: /___/___</p> <p>Authorized Purchase Amount: \$ _____</p>
