

# FJH PTO Debit Card Usage Form

(See bottom of page for directions/notes on submitting reimbursement requests)

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of Business: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Purpose of Expenditure?

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Description of items purchased

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Were there any discounts or donations given in conjunction with this reimbursement? (If so, please note amount here. \$\_\_\_\_\_.\_\_\_\_\_)

Debit Card Directions/Notes:

- 1) Staple receipts to this form (receipts should total the amount of reimbursement request).
- 2) Staple expense preapproval to this request (emails, contracts, or other directives).
- 3) Place this form (with receipts and copy of preapproval form) in an envelope and deliver to the treasurer as soon as possible.
- 4) PTO **will not** reimburse or pay sales tax.

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

\_\_\_\_\_  
Treasurer Signature