

FHS PTO Debit Card Usage Form

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

Name: _____ Date: ___/___/___

Address: _____ Phone: _____ - _____ - _____

Name of Business: _____ Amount \$ _____

Was prior approval received for this expense?

_____ Yes (please attach preapproval form to this request)

_____ No (please answer questions below)

1. Purpose of Expenditure?

2. Description of items purchased

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.

_____/_____/_____
Treasurer Signature Date Received