[PA/PTA LETTERHEAD]

Debit Card Disbursement Form

Date: _____
Amount: $_____
Paid to:

_____
Vendor Name

Address

Contact information (phone number, email address, web address)

Description of Expenditure/Reason for Payment by Debit Card:

Transaction Approved by:

_____
Signatory #1-Name, Title, Signature

Signatory #2-Name, Title, Signature

Approved by the Membership on: _____

*** * * * * * * * * ATTACH INVOICE & SUPPORTING DOCUMENTATION. * * * * * * * * * ***

FOR PAYMENTS OVER $5,000

Signature of Principal (PA/PTA) or Superintendent (Presidents' Council)

Signature of FACE representative