[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 II Traine, Title, Signature
Signatory #2-Name, Title, Signature
olynatory #2-Name, Title, olynature
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