



Please indicate where pre-approval form should be sent

___ Scanned and emailed (if needed)

___ Leave in PTA mailbox

PTA DEBIT CARD PRE-APPROVAL FORM

Requested by: _____ Date: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email Address: _____

AMOUNT*\$ _____ Vendor Name: _____

ITEMIZE EXPENSES BELOW: (submit additional copies if needed)

Budget Line Item(s)	Purpose of Expense	Sales Tax	Amount	Total

* Receipts and/or invoices are required for each expense. Please attach.

Authorized by: _____ Date: _____

President's Signature (Authorized Bank Signer if President is Requestor)

Submit Completed Form to: _____ at _____

(PTA Treasurer Name)

(PTA Treasurer Email)

FOR TREASURER'S USE ONLY:

Other Information: _____ Date of Purchase: _____

Treasurer's Signature: _____ Date: _____