

# Debit Card Request Form

## River Trail Middle School PTO

YOUR NAME:	EMAIL ADDRESS:	PHONE: (    )    -
PROJECT/CATEGORY:		
DATE SUBMITTED:  /   /	DATE PURCHASED:  /   /	
REASON FOR CHARGE:		
<input type="checkbox"/> INCLUDED IN ANNUAL BUDGET      or <input type="checkbox"/> APPROVED AT MEETING (DATE: / / )		
AMOUNT:  \$		
NAME OF VENDOR:		
RECEIPT ATTACHED:	SIGNATURE OF REQUESTER:	

NOTE ANY SPECIAL/ADDITIONAL EXPLANATION

APPROVED BY (VP or President):	DATE:  /   /
APPROVED BY (Treasurer):	DATE:  /   /