

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: _____

Committee incurring expense: _____

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 the items purchased:

Were there any discounts or donations given in conjunction with this reimbursement? (If so, please note amount here. \$ _____)

Reimbursement Directions/Notes:

- 1) Staple receipts to this form (receipts should total the amount field on this form).
- 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.

____/____/____
Date Received

Treasurer Signature

____/____/____
Date Reimbursed