



Victory Elementary PTO

Debit Card Request

Your Name: _____ Phone: _____

Committee/Event: _____

1st Account

Allocation/Amount: _____

2nd Account

Allocation/Amount: _____

Name of company requiring
use of card: _____

Date Submitted: _____

Date Needed: _____

Reason for Debit
Card: _____

Amount: \$ _____

The minimum cost associated with use of this card shall be \$50. All debit card expenses over \$500 must be approved by two board members preferably co-presidents and/or vice president. The approval of charges must be signed by two board members not using the card.

Purchasers shall understand that the card MUST remain in physical custody of a Co-president or the Treasurer at all times. All purchases must obtain appropriate handwritten signature(s) below prior to submitting to Treasurer:

Approved by _____ Date _____
(PTO Officer)

Approved by _____ Date _____
(PTO Officer)

.....
For Treasurer's Use Only

Accepted by _____ Date _____
(PTO Treasurer)

Dated:		Total Charge Amt:	Logged
Account allocation:			