

Central Valley PTA

Debit Card Form

A receipt and/or detailed invoice must be submitted with this form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Charged: \_\_\_\_\_ Date of Purchase: \_\_\_\_\_

Name of Vendor: \_\_\_\_\_

Budget Line: \_\_\_\_\_ Explanation of Items

Purchased: \_\_\_\_\_

Any and all debit card purchases must have the approval of the Treasurer, President, and Vice President:

\_\_\_\_\_  
Treasurer's Signature

\_\_\_\_\_  
President's Signature

\_\_\_\_\_  
Vice President's Signature

.....  
For Treasurer's Use Only

Date form and receipt were submitted: \_\_\_\_\_

**Please submit with receipts and/or detailed invoice to:**  
Cassandra Stone - [president.cvpta@gmail.com](mailto:president.cvpta@gmail.com)  
Jennifer Checketts - [vicepresident.cvpta@gmail.com](mailto:vicepresident.cvpta@gmail.com)