

NORTH STONINGTON P T O {DEBIT CARD USE FORM}

Your Name:

Phone Number: () -

Form Submission Date: / /

Purchase Date: / /

Budget Line Item Money is Coming From:

What was Purchased:

Name of Store/Vendor:

Amount: \$

Which of the following is attached:

Please check one of the following

- Bill
- Invoice
- Receipt

- Included in annual budget
 - Approved at meeting
- Date of meeting: / /

Approved by (Committee Chair Person):

Date Signed:
 / /

Approved by (Treasurer):

Date Signed:
 / /

Treasurer's Use Only

Budget Line Item _____ Check # _____ Dated _____ Logged _____