

**Franklin Elementary School PTA
DEBIT CARD AUTHORIZATION FORM
(ALL receipts and/or invoices MUST be attached)**

Requester Name: _____

Phone: (____) _____ Email: _____

Signature _____ Submission Date: _____

Expenditure Information

Amount: \$ _____ Invoice(s) attached Receipt(s) attached

Event/Purpose: _____

Vendor: _____

This form must be signed by, two (2), authorized check signers before any purchase(s) can be made; signatures by facsimile copy will be accepted.

FOR PTA TREASURER USE:

Treasurer's Signature: _____ Date: _____

President's signature: _____ Date: _____

Budget Category	Date Purchased