PASCHAL HIGH SCHOOL PTA
DEBIT CARD USAGE FORM

Committee/Budget Category:_____

Your Name:_____ **Your Tel:**_____

Purpose: _____ **Date:** _____

Credit / Debit Card Returned & Checkout Log Signed ☐ Yes ☐ No *(Log is required by Texas PTA)*

Place of Purchase	Items Purchased	Amount
	Total	$

(Continue on second form if needed - Receipts must be attached - Sales tax will not be reimbursed)

Treasurer's Notes:

Amount :_____

TransDate: _____

Cleared:_____

BOD Budget Report Date:_____

Other:_____

Remarks:

REQUIRED: I authorize this expenditure from my budget:

Chairman's Signature: _____ **PTA Committee:** _____

Your Signature: _____ **Printed Name:**_____

Treasurer's Signature: _____ **Date:**_____

Attach original receipt(s) – Keep copy for your records – Paper Submittal Required (no email)

Paschal High School PTA Texas Tax ID #3-01151-9438-0