

HARRISON TOWNSHIP PTA, INC.

120 N. MAIN STREET

MULLICA HILL, NJ 08062

Debit Card Request

DATE: _____ DATE CARD NEEDED: _____

PLACE OF PURCHASE: _____

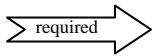
PURPOSE/EVENT: _____

ESTIMATED AMOUNT: _____

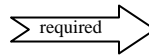
REQUESTED BY: _____ AUTHORIZED BY: _____

Print Name

Print Name



Signature



Authorized Signature

NOTES: _____

Receipts must be submitted within 30 days of expense being incurred or before the end of the fiscal year, whichever is earlier.

Completed by Treasurer

G/L ACCT: _____ G/L # _____ Amount _____

CHECK NUMBER: _____ DATE PAID: _____