

# Debit Card Expenditure Record

(Return this form to the Treasurer within 7 business days of the purchase)

Date of purchase:

Amount of purchase:

Store/Business where the purchase was made:

Reason for purchase:

---

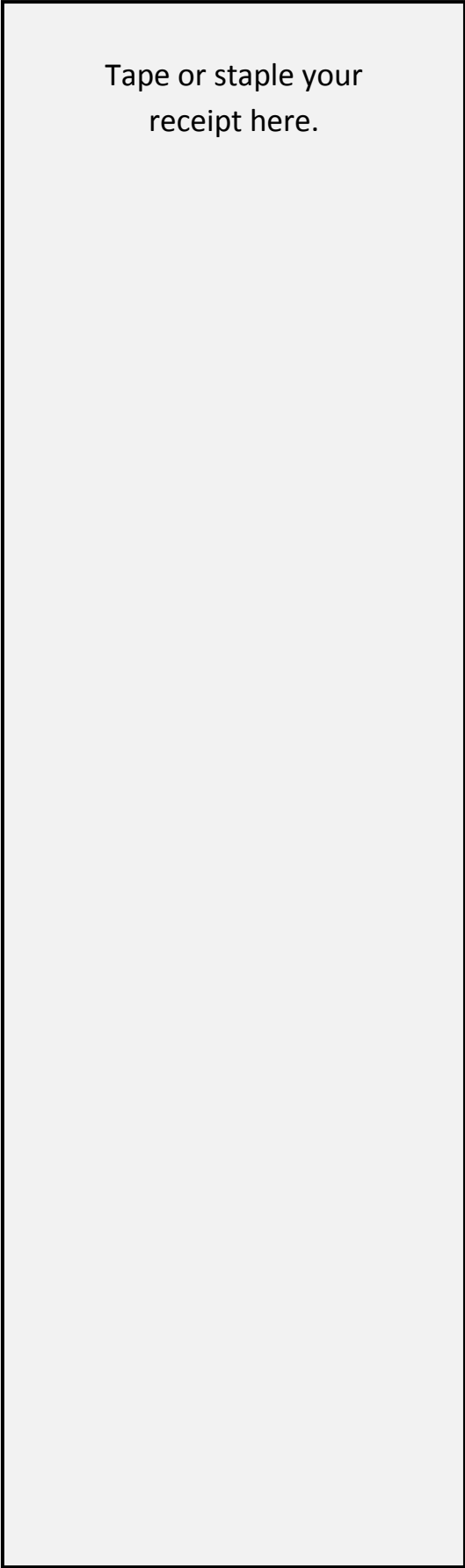
Your Name – Printed

---

Your Signature

Date received:

Received by:



Tape or staple your receipt here.