[PA/PTA or Presidents’ Council LETTERHEAD]

**Debit Card Disbursement Form**

**Date: Amount: $ Paid to:**

Name

Address

Contact information (phone number, email address, web address)

**Reason for Payment by Debit Card:**

**Approved by the Membership on:**

**Transaction Approved by:**

Signatory #1-Name, Title, Signature

Signatory #2-Name, Title, Signature

**FOR PAYMENTS OVER $5,000**

Signature of Principal (PA/PTA) or Superintendent (Presidents’ Council)

Signature of FACE representative

**ATTACH INVOICE!**

Debit Card Disbursement Form 11/19/21