

# Debit Card Record

## Cub Scout Pack 51

*Submit form within 7 days of card use and attach receipt(s). Card privileges can be revoked if receipts are not submitted in a timely matter.*



Your Name:		Phone #:	
Date Purchased:		Date Submitted:	
Event/ Project/ Category:			
Reason for charge:			
Name of Vendor:		Amount Charged:	
<input type="checkbox"/>	Included in Annual Budget	OR	<input type="checkbox"/>
		Approved @ meeting:	
<i>Note any special or additional information below:</i>			
Signature of approving officer:			Date:
Signature of approving officer:			Date:
For treasurer's use:		Date cleared: ___/___/___	Budget Line: