



# Debit Card Authorization Form

---

Amount not to exceed: \$ \_\_\_\_\_

Budget category: \_\_\_\_\_

Date submitted: \_\_\_\_\_

Date needed (if applicable): \_\_\_\_\_

Payable to: \_\_\_\_\_

Street address \_\_\_\_\_

City, zip \_\_\_\_\_

Type of payment:  Expense\*  Service \*\*

Payment description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requestor signature: \_\_\_\_\_

Committee chair signature (if applicable): \_\_\_\_\_

Authorized signature (president or designee): \_\_\_\_\_

\* Once approved, a reimbursement request for expenses must be submitted, accompanied by applicable receipts, or invoices.. Reimbursement request cannot exceed amount approved on this form. Donation letters will be provided for donations without valid proof of payment/purchase.

\*\* Payment for services exceeding \$600 per individual/entity per calendar year will not be made without a completed W-9.