

ACA - Chandler - PO DEBIT CARD EXPENDITURES FORM

NOTE: ALL ORIGINAL RECEIPTS MUST ACCOMPANY THIS FORM

Volunteer/Vendor Name:				Date
		Business Purpose		
DATE	PAYEE		Amount	Totals
			Totals	

I certify that the above expenses were incurred on behalf of ACA - Chandler PO
and are in accordance with present PO policy.

PO ADMINISTRATOR SIGNATURE

____ TO FILE