

Prefunded Spending Card Form

_____ PTA/PTSA

Fiscal Year 20____ to 20____

Date: _____

Cardholder Name _____

1. Business Name	Location	Purpose/Budget	Pretax + Sales Tax	=	Total
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2. Business Name	Location	Purpose/Budget	Pretax + Sales Tax	=	Total
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3. Business Name	Location	Purpose/Budget	Pretax + Sales Tax	=	Total
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4. Business Name	Location	Purpose/Budget	Pretax + Sales Tax	=	Total
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5. Business Name	Location	Purpose/Budget	Pretax + Sales Tax	=	Total
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Submitted by: _____

Approved by: _____

President Signature

Treasurer Signature

Attach Receipts Here

Principal Signature: _____