



DISCOVERY ELEMENTARY SCHOOL PTO
Credit Card Charge Form

Your Name:		Phone:	
Project/Category:			
Date Submitted:		Date Purchased:	
Reason for Charge:			
Amount Charged:		Included in Annual Budget:	
Name of Vendor:			
Approved By (PTO Officer):		Date:	
Approved By (PTO Officer):		Date:	
Notes:			
For Treasurer's Use Only	Category:		Reference Number:

Attach Receipt Here