

KDM PTO
CREDIT CARD PURCHASE FORM

Date of Purchase:

Place of Purchase:

Amount:

Event:

**Reason for Purchase/
Item(s) Purchased:**

Submitted by:

TO BE COMPLETED BY TREASURER:

**Credit Card
Statement Date:**

Treasurer's Initials:

Please attach receipt(s) & submit completed form to Lauren Naylor at
lauren.e.wozniak@gmail.com or via the PTO mailbox.

THANK YOU!