

# CREDIT CARD CHARGES

Floyds Knobs Elementary PTO

Your Name:		Contact – phone or email address:
Date Submitted: ____/____/____	Please note: The credit card accounts' closing dates are around the 1 <sup>st</sup> period by the 15	
<b>Budget Category (please check one)</b> ***If the charges cover more than one budget category, please note the allocation of expenses.		
<b>School Support</b> <input type="checkbox"/> Angel Fund <input type="checkbox"/> Bulletin Boards <input type="checkbox"/> Fish Tank Maintenance <input type="checkbox"/> Food Services <input type="checkbox"/> Hospitality/Paper Goods <input type="checkbox"/> Library <input type="checkbox"/> Principal's Fund <input type="checkbox"/> Spirit Items <input type="checkbox"/> Staff Appreciation <input type="checkbox"/> Staff Allotment	<b>Student Programs</b> <input type="checkbox"/> Assemblies <input type="checkbox"/> Learn at Every Turn <input type="checkbox"/> Science Fair <input type="checkbox"/> School Supply Sale <input type="checkbox"/> Special Persons Week <input type="checkbox"/> Speech Contest <input type="checkbox"/> Student Recognition <input type="checkbox"/> <b>Other:</b> _____	<b>PTO General Expenses</b> <input type="checkbox"/> Copier Expense <input type="checkbox"/> Office Supplies <input type="checkbox"/> Postage  <b>Academic/Student Clubs</b> <i>(please identify which team or club in the description field below)</i> <input type="checkbox"/> Awards <input type="checkbox"/> Parties <input type="checkbox"/> Uniforms
Description of Expense:		
Vendor/Store:		Date of Purchase: ____/____/____
<b>Charge Account:</b> (please select one) <input type="checkbox"/> Office Depot Credit Card <input type="checkbox"/> PNC VISA		<b>Amount of Charge:</b> \$

Please STAPLE the receipt to this request and sign the charge card(s) back in when you have completed your shopping.

Thank you,  
Jenny Wasson - PTO Treasurer  
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(812) 923-9140