

DISTRICT XI COMMITTEE DEBIT CARD REPORT FORM

Date(s) Card Was Used: _____

Person Using Card: _____

Vendor / Restaurant Name(s): _____

Description of Expenditure(s): _____

If Applicable, List Attendees: _____

****PLEASE ATTACHED DEBIT CARD RECEIPT(S) TO THIS FORM
PRIOR TO SUBMITTING TO THE DISTRICT XI TREASURER.**

Signature

Date