



Florida State Chapter

Debit Card Charge

To: _____

In the amount of: _____

The purpose of this check is:

Original receipt and/or invoice is attached.

Submitted By: _____

Title: _____

Date: _____

=====

Date of Charge: _____ Date Received: _____

Line Item 1: _____ \$ _____ Total: _____

Line Item 2: _____ \$ _____ Date – QB: _____

Line Item 3: _____ \$ _____

Line Item 4: _____ \$ _____