



Bank Card Monthly Transactions Form

Form & receipts must be turned in to Treasurer no later than the last day of each month.

Month, Year _____

Phone # _____

Card Holder's Name _____

Last Four Digits of Debit Card # _____

E-Mail Address: _____

Group:
(Circle One)

General Fund

Marching

Winter Drumline

Winter Guard

{NOTE: Complete a separate form for each group. Do not include more than one group on the same transaction form.}

Date	Name of Business	Expense Category & Description of Purchase	\$\$ Amount \$\$

☞ A copy of the receipt for each transaction must be attached . ☞

Questions?: Treasurer.MilfordBand@gmail.com

Treasurer Use Only

Date Entered in QB: _____ Initial if each expense has been verified: _____