



Rachel Carson Middle School PTA



ELECTRONIC FUNDS TRANSFER (EFT) PRE-APPROVAL FORM

Use this form prior to making any purchases or payments using electronic funds

- Check One: E-Check
 Debit Card
 Stripe
 Gift Card
 Other EFT _____

All receipts for electronic funds must be attached to this form after transaction is completed.

Name of Person Requesting Approval:			
Position of Person Requesting Approval:			
Date of Request:			
Address:			
Phone Number:		Email:	

Purchase/Payment Information:

Name of Vendor	Explanation of charge	Budget Line Item Category	Amount
			\$
		Exact Amount of Payment	\$

*Two Signatures Required

APPROVED BY:

President/Treasurer Signature

Second Account Signer Signature

Printed Name President/Treasurer

Date

Printed Name Second Account Signer

Date

Transaction Date: _____

Trans. ID _____

Amount \$ _____