



Debit Card Use Form

For the sole purpose of making purchases on behalf of the Missouri Association of Student Financial Aid Personnel (MASFAP) the individual specified below has been issued a business debit card from US Bank. This card may not, under any circumstances, be utilized for personal business matters. Each occasion this card is utilized, the appropriate Treasurer's form will be submitted to the Budget and Finance Committee for acknowledgement of authorized expense from the MASFAP's treasury.

Name _____ Date Submitted _____

Date of Purchase _____ Amount \$ _____

Place of Purchase _____

Reason for Purchase _____

Committee and Account #: _____

I certify that the purchase(s) identified above were for MASFAP business purposes only and I understand that I must report all transactions to the President and the Budget and Finance Committee.

Claimant Signature/Date: _____

*****Receipt(s) must be attached*****

President's Approval Signature/Date _____

Budget & Finance Committee Approval Signature/Date _____

Send completed form and receipts to:

Missouri Association of Student Financial Aid Personnel (MASFAP)
Attention: Treasurer
2208 Missouri Blvd, Suite 102, Box 308
Jefferson City, MO 65109
finance@masfap.org

| TREASURER'S USE ONLY: | | | | |
|-----------------------|---------|--------|----------------|----------|
| DATE: | CHECK # | AMOUNT | ACCT # CHARGED | INITIALS |
| | | | | |