

EEHSP DEBIT CARD PAYMENT REQUEST

Submit two weeks prior to need of using debit card.

Name of vendor: _____

Amount to be charged: _____

Date needed: _____

Budget line(s): _____

Reason for expenditure: _____

Signature of approving officer: _____

ATTACH Invoices or Purchase Request information!!!

Note any special/ additional explanation below:

For Treasurer's use only:

Date paid: _____

