SGVD – 2025-2026 Debit Card Pre-approval Form

Date: _____

To: **District Financial Secretary**
District Treasurer

From: _____ **Position:** _____

Please attach all documentation/purchase orders with estimated amount

Total amount: **$**_____ Please provide information on comment line about the expenses. This information will be used for budgetary purpose.

Purpose: _____

_____

Comment: _____

_____

Approval: _____ / Officer _____ Date: _____

Cc: _____ / _____

Revised 9/30/25