STUDENT ORGANIZATION DEBIT CARD PROGRAM
ADVISOR DEBIT CARD DISTRIBUTION LOG

Student
Organization: _____   Advisor: _____

Inventory Control No: _____-_____ Last 4 Digits of Card No.: _____

Date Out	Card User	Date In	Receipt Rec'd (Y/N)	Total Purchase Amount ($)	Required Refund ($)	Rec to Stmt (Y/N)
	Printed:					
	Signature:					
	Purpose:					
	Printed:					
	Signature:					
	Purpose:					
	Printed:					
	Signature:					
	Purpose:					
	Printed:					
	Signature:					
	Purpose:					
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	Signature:					
	Purpose:					
	Printed:					
	Signature:					
	Purpose:					

ADVISOR SIGNATURE / DATE: _____