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:					
	Printed: Signature: Purpose:					
	Printed: Signature: Purpose:					
	Printed: Signature: Purpose:					
	Printed: Signature: Purpose:					
	Printed: Signature: Purpose:					
	Printed: Signature: Purpose:					

ADVISOR SIGNATURE / DATE: _____

11/15 GG/fhz