



**Bridgewater Raritan Regional H.S.  
Panther Athletic Club  
Debit Card Transaction**



Date: \_\_\_\_\_

Amount Charged: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Description of Expense or Event: \_\_\_\_\_

Team (if applicable): \_\_\_\_\_

Transacted by: \_\_\_\_\_

*(Please include your name & e-mail/phone number)*

Please submit **this form and supporting receipt** to the Athletic Club Mailbox in the Main Office, or electronically to [cmpastor@aol.com](mailto:cmpastor@aol.com). Questions can be directed to the Athletic Club Co-Treasurer, Christine Pastor, 908-938-2363.

**Treasurer's use only:**

Budget Line item \_\_\_\_\_

Transaction Date \_\_\_\_\_