



Arizona Association for Marriage and Family Therapy
Notice of Credit or Debit Card Activity

Submit to:

AzAMFT TREASURER
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Phoenix, AZ 85044-1629
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TRANSACTION DATE: _____

BY: _____
(Full Name)

CHECK ONE: DEBIT CARD _____ CREDIT CARD _____

TOTAL AMOUNT: _____ (PLEASE ADD UP RECEIPTS)

COMMITTEE or ACTIVITY: _____

CHECK CATEGORY, INDICATE AMOUNT, AND ATTACH RECEIPTS:

- Printing and Copying \$ _____
- Postage \$ _____
- Telephone \$ _____
- Supplies \$ _____
- Meals \$ _____
- Meeting Rooms \$ _____
- Other (specify) \$ _____ (_____)

OTHER INFORMATION: _____

PLEASE SUBMIT THIS FORM AND YOUR RECEIPTS AS SOON AS POSSIBLE
AFTER THE TRANSACTION SO THAT CHARGES MAY BE RECORDED.