



Snoqualmie Valley

School District #410

8001 Silva Avenue S.E., P.O. Box 400, Snoqualmie, WA 98065
Phone (425) 831-8000 ♦ Fax (425) 831-8040 ♦ www.svsd410.org

Date: _____

To: Business Office

This letter authorizes _____ to make necessary purchases for
Name of Cardholder
supplies and materials on behalf of the _____ Department/School.

These transactions are not to exceed \$ _____. This authorization is valid on the date
shown above. _____ agrees to the terms and conditions of the
Name of Cardholder
P-Card policy and procedures.

Sincerely,

Administrator Name

Title

Administrator Signature