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

P-Card Summary Form

Cardholder: _____ Credit Card Number: XXXX XXXX XXXX _____

Building/Department: _____ Statement Period From: _____ To: _____
MM/06/YYYY *MM/05/YYYY*

Transaction Date	Vendor	Purchase Description	Amount	Account Number	Receipt Enclosed (Y/N)

TOTAL CHARGES **$** _____

_____ _____ _____ _____
Cardholder Signature Date Supervisor Signature Date

_____ _____
Business Office Approval Date