SNOQUALMIE VALLEY
SCHOOL DISTRICT

P-CARD STATEMENT SUMMARY FORM

Attachment C (Form PC – 03)

Cardholder:_____ Credit Card Number: XXXX XXXX XXXX _____

Building/Department: _____ Statement Dates: ____/6/_____ - ____/5/_____

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

TOTAL CHARGES $ 0.00

_____ _____ _____ _____

Cardholder Signature Date Supervisor Signature Date

_____ _____

Business Office Approval Date