

**School District's
Sales Tax Exempt Number**

Program Administrator Name

School District

Address

City/State/Zip

Phone _____

Email _____

**Authorization to Print School District's
Sales Tax Exempt Number on District's p-Cards**

Our tax exempt number is _____.

- Yes, I would like our school district's tax exempt number printed on all p-Cards.
- I would like the words **Tax Exempt** to appear on our cards.(e.g., **SD 303 Tax Exempt**) Attached is a copy of our tax exempt letter.
- No, I do not want our school district's tax exempt number printed on our p-Cards.

Signature _____ Date _____