

(signature)

AMGELA SMITH-GLOVER

you

Valid from 07/22/2026

Health Officer

Snohomish County Health
Department

1187A345PLF01S26

======= TRANSACTION RECORD ========

WA Food Worker Card
www.tpchd.org
Tacoma, WA 98418
United States
www.tpchd.org

TYPE: Purchase

ACCT: Visa

\$ 10.00 USD

CARDHOLDER NAME : Angela Smith-Glover

CARD NUMBER

: XXXX2265

DATE/TIME

: Jul 22, 2024 13:31:53

REFERENCE #

: 80544102981

AUTHOR. #

: 013153

TRANS. REF.

: A7C62BA

Approved - Thank You

Please retain this copy for your records.

Cardholder will pay above amount to card issuer pursuant to cardholder agreement.