



Center for **Educational** Innovation
28 West 44th Street, New York, NY 10036-6600
Phone: 212.302.8800 Fax: 212.302.0088

Date:

To: Chief Financial Officer, Louis P. Benevento

Dear Mr. Benevento:

This is to certify that I have permission to use (AmEx, Chase, Citi Card, Amazon, Other) Credit/Debit Card(s) in my duties at the Center for Educational Innovation (CEI).

I also acknowledge that I will be held responsible for any authorize purchases on this card(s) and to adhere to its use as noted in our SOPM. I also understand that I am to return the card when my services at CEI are terminated.

Sincerely,

Credit/Debit Card(s): _____