

Card Cancellation Form

Purchasing Card Program

Cardholder Name: _____ Southeast ID: _____ Last 4 digits on card: _____

This form verifies that the employee whose name is mentioned above has relinquished possession of their University Purchasing Card and all transactions have been reconciled and submitted.

Attached are the cut-up pieces of the Purchasing Card assigned to this individual in accordance with Southeast Missouri State University's Policy and Procedures.

*Tape Half of
Card Here*

*Tape Half of
Card Here*

Cardholder Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

This form should not be used for Lost/Stolen Cards or Expired Cards that have been renewed.
Please shred the card in these cases.

FOR USE BY ACCOUNTS PAYABLE OFFICE ONLY

Form Received: _____ Closed by: _____
Date Closed: _____ Additional Notes: _____
