

ARKANSAS TECH UNIVERSITY**P-CARD CANCELLATION**

Completed form may be faxed to
479-968-0633

Date: _____

To: Purchasing Department

From: Cardholder Name: _____

Department Name: _____

Cardholder Phone No: _____

Last 4 digits of Card No: _____

My Procurement Card is to be cancelled for the following reason (PLEASE CHECK ONE)

<input type="checkbox"/>	Change of Name
<input type="checkbox"/>	Change of Department/Account Number
<input type="checkbox"/>	Termination of Employment
<input type="checkbox"/>	Other. Please explain.

Cardholder's Signature: _____

Signature of Immediate Supervisor: _____

FOR USE BY PURCHASING DEPARTMENT

Date Notified: _____ Time Notified: _____ Initials: _____

Name of VISA Employee: _____
(1-800-VISA911)

Name of U S BANK Employee: _____
(1-800-344-5696)