



PCard Account Closure Request

Date: _____

Name of Cardholder: _____

USF Employee ID: _____

Department: _____

Last Four Digits of Card Account Number: _____

Reason for Closure: _____

Has the Card been Destroyed & Disposed of? Yes _____ No _____

PLEASE ENSURE THAT ALL RECEIPTS HAVE BEEN SUBMITTED TO RECONCILERS

Verification of Home Address required for **Lost/Stolen/Compromised Accounts**:

Home Address _____

*****Submit Form to PCard@USF.edu*****

PCard Services use: PCard Staff: Initials _____ Date _____

OPER UNIT _____ FUND _____ DEPT _____ PRODUCT _____ INITIATIVE _____

EXPIRATION DATE: _____ CURRENT LIMITS: MONTHLY _____ SINGLE _____

RECONCILERS: **Insert list**