

PCard Account Closure Request

Date: _____

Name of Cardholder: _____

USF Employee ID: _____

Department Code: _____

Last Four Digits of Card Account Number: _____

Reason for Closure: _____

Has the Card Been Destroyed & Disposed of? Yes No

Name of Person Filling Out This Form: _____

USF Employee ID: _____

Please Ensure That All Receipts Have Been Submitted To Reconcilers