

Date Form Received: \_\_\_\_\_

**Florida State University Purchasing Card Program  
Cardholder Termination Form**

(Submit to Purchasing Card Administrator)  
(FSU Procurement Services, 1400A University Center, Tallahassee, FL)  
32306-2370 (850) 644-6850

This form verifies that \_\_\_\_\_  
(Type or Clearly Print Name)

Employee ID: \_\_\_\_\_

has relinquished possession of the attached FSU Purchasing Card and the card is being returned as per FSU policy. In addition, the supervisor signing below has verified that all receipts have been received for outstanding charges.

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(Affix half of Visa card here)

(Affix half of Visa card here)

\_\_\_\_\_  
Immediate Supervisor, Dean, Director or Department Head Signature

\_\_\_\_\_  
Date

**PROCUREMENT SERVICE DEPARTMENT USE ONLY:**

LAST 4 OF CARD:	
WORKS CANCELLATION:	
INACTIVE ON LISTING:	
CHANGED STATUS IN OMNI:	
REMOVE PROXIES ON: (@ 4 weeks after card cancellation)	