## Florida State University Purchasing Card Program Cardholder Termination Form

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

This form verifies that(	Type or Clearly Print	Name)	
Employee ID: FSU Purchasing Card and t	he card is being retur	has relinquished posse ned as per FSU policy.	ession of the attached
(Affix half of Vis	a card here)	(Affix half of Visa	a card here)
Immediate Supervisor, Dea	n, Director or Depart	ment Head Signature	Date
PURCHA	SING DEPARTMEN	NT USE ONLY:	
LAST 4 OF	CARD:		
WORKS CA	NCELLATION:		
LISTING RI	EMOVAL:		
OMNI REM	OVAL:		