

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.

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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: (@ 2 weeks after card cancellation)	