



uOttawa

# TRAVEL CARD – CANCELLATION FORM

Please print and send form, duly completed and signed,  
to Procurement Services, Travel Card Program, 1 Nicholas, room 500

SECTION 1 -APPLICANT INFORMATION		
Last Name:	First Name:	Employee number:

SECTION 2 – CARD CANCELLATION		
Card to cancel (4 last digits only): <u>XXXX</u> <u>XXXX</u> <u>XXXX</u> _____		
Last transaction:	Date:	Amount:
Reason for cancellation: <input type="checkbox"/> New position <input type="checkbox"/> End of contract <input type="checkbox"/> Leaving University		

SECTION 3 – LAST DAY OF WORK
<p><b>Before my last day of work on _____, I agree to:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pay the full balance of my travel card</li> <li><input type="checkbox"/> Return my travel card to the Travel Card Program Administrator</li> </ul> <p>* Please note that the University will take all appropriate recovery action authorized by law.</p>

SECTION 4 – SIGNATURES			
	Print name	Signature	Date
Traveller			
Supervisor			

SECTION 5 – FOR TRAVEL CARD PROGRAM USE ONLY		
	Signature	Date
<input type="checkbox"/> Request – Cancellation		
<input type="checkbox"/> Bank– Cancellation		
<input type="checkbox"/> Security – Bank System		
<input type="checkbox"/> Card Reception		
<input type="checkbox"/> ListServ		