

PURCHASING CARD FORM – CARD CANCELLATION OR SUSPENSION

Please print and send form, duly completed and signed, to Procurement Services, Pcard Administrator, 1 Nicholas, room 500.

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

SECTION 2 – CARD CANCELLATION		
Card to cancel (8 last digits only): <u> X X X X </u> <u> X X X X </u> _____		
Reason to cancel		
Last transaction	Date:	Amount:

SECTION 3 – CARD SUSPENSION (A NEW CARD WILL NEED TO BE ORDERED IF THE PERIOD OF THE CANCELLATION IS GREATER THAN 18 MONTHS)		
Card to suspend (8 last digits only): <u> X X X X </u> <u> X X X X </u> _____		
Reason to suspend		
Last transaction	Date:	Amount:

SECTION 4 – SIGNATURES AND APPROVALS				
	Signature	Print name	Title	Date
Buyer - payer:				
Approver:				
Designated co-ordinator				
Director				
CAO				

SECTION 5 – FOR CARD MANAGER USE ONLY		
	Signature	Date
<input type="checkbox"/> Cancellation / <input type="checkbox"/> Suspension		
<input type="checkbox"/> Security - <input type="checkbox"/> FAST / <input type="checkbox"/> Bank		
<input type="checkbox"/> Card delivery / <input type="checkbox"/> Cardholder agreement		
<input type="checkbox"/> ListServ / <input type="checkbox"/> Statistics		
<input type="checkbox"/> MCC GROUPS :		