

Millsaps College Purchasing Card Cancellation Request

Cardholder's name	
Department name	
Last 8 numbers on card	
Cancellation Date	

Reason	<input type="checkbox"/> Terminated Date: _____	<input type="checkbox"/> Transfer Dept. Date: _____	<input type="checkbox"/> Other (please explain) _____ _____ _____
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Cancellation approved by: _____
 (Department Administrator signature)

* Please return card to Purchasing Card Administrator to destroy

Office Use Only:

Cancellation Notice Received

Date cancelled: _____

Signature of Purchasing Card Administrator: _____