

RETURNED P-CARD/TRAVEL CARD

This form is to be completed and given to employees who turn in their P-Card and/or Travel Card upon transfer, termination or cancellation of the P-Card/Travel Card. The Program Administrator should retain the original.

This is to acknowledge the receipt of (check one or both): ☐ P-Card ☐ Travel Card

Employee Name: _____

P-Card/Travel Card Number (last 4 digits): _____ Date: _____

The P-Card and/or Travel Card was destroyed in accordance with agency guidelines.

Cardholder (print name): _____

Signature: _____ Date: _____

HR Liaison (print name): _____

Signature: _____ Date: _____

The P-Card and/or Travel Card was cancelled in Banner and with the Bank on _____, 20____ in accordance with College Guidelines.

Program Administrator (print name): _____

Signature: _____ Date: _____