Purchasing Card Cancellation Form

Cardholder Name: ___________________________ USC ID#: __________________

This form verifies that the employee whose name is referenced above has relinquished possession of their University of South Carolina Credit Card.

Attached below are the cut-up pieces of the Credit Card assigned to this individual, in accordance with University of South Carolina's policies and procedures.

Cardholder Signature: ___________________________ Date: ________________

Supervisor Signature: ___________________________ Date: ________________

This form should not be used for Lost/ Stolen Cards or Expired Cards that have been renewed. Please shred the card in these cases.