

UNIVERSITY OF ALASKA CARDHOLDER ACCOUNT CLOSE FORM

ProCard

Individual Travel Card

Dept. Travel Card

CARDHOLDER INFORMATION (TYPE OR PRINT)

Cardholder Name:

Procurement Card Number (Last 4 digits only):

Department:

Work Phone:

Reason for Close Request:

IF THE CARDHOLDER IS A PROCUREMENT CARD RECONCILER, PROVIDE THE NAMES OF ANY CARDHOLDERS FOR WHICH THE DEPARTING CARDHOLDER WAS THEIR RECONCILER. ADDITIONALLY, COMPLETE A CHANGE CARD CHANGE FORM TO DESIGNATE A NEW RECONCILER FOR THOSE INDIVIDUAL LISTED.

1.	2.	3.
4.	5.	6.
7.	8.	9.
10.	11.	12.

Approving Official's Name:

Approving Official's E-Mail Address:

Approving Official's Signature

Date

Information below this line to be completed by Procurement & Contract Services

Change Made In PaymentNet 4

Date:

By: