Florida State University Purchasing Card Program
Cardholder Termination Form

(Submit to Associate Purchasing Card Administration)
(FSU Purchasing Department, 1400A University Center, Tallahassee, FL 32306-2370 (850) 644-6850)

This form verifies that _____
has relinquished possession of the (Type or Clearly Print Name)
attached State of Florida Purchasing Card and it has been destroyed in accordance with Florida State University policies and procedures.

(Affix half of Visa card here) **(Affix half of Visa card here)**

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Immediate Supervisor, Dean, Director or Department Chair Signature Date