

**Millsaps College**  
**Purchasing Card Cancellation Request**

Cardholder name	
Department name	
Last 8 numbers on card	
Cancellation Date	

Reason	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <p style="text-align: center;">Terminated</p> <p>Date: _____</p>	<input type="checkbox"/> <p style="text-align: center;">Transfer Dept.</p> <p>Date: _____</p>	<input type="checkbox"/> <p style="text-align: center;">Other (please explain)</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Cancellation approved by: \_\_\_\_\_

(Department Administrator signature)

\* Please return card to Purchasing Card Administrator to destroy

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Office Use Only:

Cancellation Notice Received      Date cancelled \_\_\_\_\_

Signature of Purchasing Card Administrator: \_\_\_\_\_