



# PCard Account Closure Request

Date: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

USF Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_

Last Four Digits of Card Account Number: \_\_\_\_\_

Reason for Closure: \_\_\_\_\_

Has the Card been Destroyed & Disposed of? Yes No \_\_\_\_\_

**PLEASE ENSURE THAT ALL RECEIPTS HAVE BEEN SUBMITTED TO RECONCILERS**

Verification of Home Address required ~~for~~ Lost/Stolen/Compromised Accounts

Home Address \_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\* [Submit Form to PCard@USF.edu](mailto:PCard@USF.edu) \*\*\*\*\*