

UNL P-Card - Cardholder - Cancellation Form

Date requested: _____
Date of cancellation (if different): _____

CARD INFORMATION:

Card Number (last 4 digits only): _____

CARDHOLDER INFORMATION:

Name: _____
Department Name: _____
Campus Address: _____
Campus Phone: _____
City, State, Zip Code: _____
Email: _____
Personnel #: _____

CANCELLATION REASON:

This form is to serve as notice that my card be cancelled for the following reason:

☐ My employment with the University of Nebraska has terminated.
_____ (termination date)

☐ I am transferring to another department at the University.

☐ There is/was a change in job duties or responsibilities.

Cardholder Signature: _____

Supervisor or Approving Official signature: _____

Remit completed form to: Financial Services, P-Card Admin, 401 Canfield, 68588-0439
(Destroy card or return along with the completed form)