

FLORIDA ATLANTIC UNIVERSITY PURCHASING CARD PROGRAM

Cardholder Termination/Transfer Form

This form verifies that _____ has relinquished possession of the attached State of Florida Purchasing Card and it has been destroyed in accordance with FAU policies and procedures.

--	--

[Affix card halves above]

Dean, Director of Department Chair Signature

Date

Return to the [Purchasing Card Page](#) or the [Forms Page](#).