



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) *****