

UNIVERSITY OF ALASKA ANCHORAGE CARDHOLDER ACCOUNT CLOSE FORM

ProCard

Individual Travel Card

Dept. Travel Card

CARDHOLDER INFORMATION (TYPE OR PRINT)

Cardholder Name:

Procurement Card Number (Last 4 digits only):

Department:

Work Phone:

Reason for Close Request:

IF THE CARDHOLDER IS A RECONCILER, PROVIDE THE NAMES OF ANY CARDHOLDERS FOR WHICH THE DEPARTING CARDHOLDER WAS THEIR RECONCILER. NOTATE WHETHER THE CARD BEING RECONCILED IS A PROCARD (P) OR DEPARTMENT TRAVEL CARD (T) ADDITIONALLY, DESIGNATE A NEW RECONCILER FOR THOSE INDIVIDUALS LISTED.

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12.

New Reconciler's Name:

New Reconciler's E-Mail Address:

Approving Official's Signature

Date

Information below to be completed by Procurement Services

Account Closed in PaymentNet

Log In Disabled and Roles
Removed in PaymentNet

Removed from List Serve

Date:

Date:

Date:

By:

By:

By: