

University of North Florida Credit Card Termination Form

Upon resignation/termination, charge activity should be stopped immediately. Collect the credit card and return it along with this form to Procurement Services.

This forn	n verif	fies	that _							ha	as	relinquished	posses	sion c	f the
attached	State	of	Florida	Credit	Card	and	it	has	been	destroyed	l ir	n accordance	with	policie	s and
procedures.															

Please specify reason for participant deactivation:

Cardholder employment terminated

Cardholder transferred employment within UNF;	🗌 Other - Please Explain
Card not needed in their new position	

(Affin half of sound have)	(Affin half of sound have)
(Affix half of card here)	(Affix half of card here)

Immediate Supervisor, Dean, Director or Dept. Chair Signature Date

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Cardholder no longer needs card