



PROCUREMENT CARD SERVICES PROGRAM P-CARD ACCOUNT CLOSURE FORM

SECTION I INSTRUCTIONS SECTION II TYPE OF REQUEST

1. To close an account, complete all sections below.
2. Maintain a copy in the Cardholder and Agency Program Coordinator's files.
3. Mail completed form to: Mississippi Valley State University
MVSU #7244
14000 Hwy 82-W
Itta Bena, MS 38941-1400

SUSPENSION

- 30 DAYS
60 DAYS
90 DAYS

CANCELLED

- LOST
STOLEN
TERMINATE CARD

SECTION III DEPARTMENT INFORMATION SECTION IV REASON FOR REQUEST

Department Name (maximum 21 characters)
Business Telephone Number Extension Fax Telephone Number

Explanations:

SECTION V CARDHOLDER'S INFORMATION (Please Print)

Account Number (Last six digits) First Name Last Name SS Number (Last four digits)
[Repeating rows for multiple cardholders]

SECTION VI AGENCY PROGRAM

COORDINATOR'S SIGNATURE AND TELEPHONE NUMBER
Approving Department Coordinator's Name (printed) Email Address
Approving Department Coordinator's Signature Date
Department Telephone Number Extension Fax Number
Procurement Card Administrator Date

White Copy Purchasing
Canary Copy Card Administrator
Pink Copy Department