



THE FLORIDA STATE UNIVERSITY
Office of the Controller - Disbursement Services

Travel Card Cancellation Request

Please cancel the Travel Card account for

Name: _____

Last

First

Employee ID: _____

Last 4 Digits of Card: _____

The card should be destroyed by the employee's supervisor as soon as it is no longer needed for travel transactions and should no longer be attached to this page.

I request travel account cancellation and confirm that the card has been destroyed.

Immediate Supervisor, Dean or Department Chair Signature

Date

Printed Name of Supervisor, Dean or Department Chair

Please submit this original form to:

Jennifer Pittman
Travel Card Administrator
FSU Payables & Disbursements Services
5607A University Center, Tallahassee, FL 32306-2391

FOR TRAVEL CARD ADMINISTRATOR USE ONLY

BOA Cancelled By: _____ Date Cancelled: _____

OMNI Cancelled By: _____ Date Cancelled: _____