



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:

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

FOR TRAVEL CARD ADMINISTRATOR USE ONLY

WF Cancelled By: _____ Date Cancelled: _____