



Kenyon College

Purchasing Card Cancellation Request



Date _____

Last 4 card #s _____

Cardholder name _____

Department _____

Dept. Chair name _____

Cardholder or Dept. Chair requested? _____

Has Kenyon employment been terminated? _____

If yes, Please indicate last date of employment _____

Reason for Withdrawl from the program

I hereby certify the following:

- I no longer want to participate in the Purchasing Card program.
- I am responsible for reconciling my account until after the last statement is completed.
- I have not destroyed my card. I am returning my card to the Program Administrator for destruction.
- I will not attempt to use my card number after cancellation.

Cardholder Signature _____

Date _____

Dept. Chair Signature _____

Date _____

Finance Office and Program Administrator Use Only

Date Card Received _____

Verify last statement reconciled _____

Verify Card Canceled _____

Date of Card Destruction _____