

**Santa Fe College Procurement Card Program
P-Card Cancellation Form**

Cardholder Name _____

Department Number _____

Reason for Cancellation _____

Last 4 Digits of Card _____

Date Canceled on System _____

Date of Last Charges (Validated) _____

P-Card Administrator Signature _____

Comptroller (or Designee) Signature _____

Date Card Destroyed _____

Card Destroyed By (printed) _____

Card Destroyed By (signature) _____

A copy of this completed form will be stored in the P-Card Directory on the Common Drive.