

PCard Relinquish Form



TEXAS WOMAN'S
UNIVERSITY™

Date: _____

Cardholder Name: _____

Department Name: _____

PCard Number (last 6 digits) _____

This form verifies that the employee whose name is listed above has relinquished use of the Texas Woman's University Purchasing Card issued in their name.

Cardholder name

Signature

FOR USE BY PROCUREMENT AND CONTRACT SERVICES ONLY

Last Transaction Date: _____ Account Notes: _____

Date Closed (Bank): _____ Date Closed (PS): _____ Closed By: _____

Please submit this completed form to Procurement and Contract Services at pcardacct@twu.edu