

**The University of Arizona
Purchasing Card Delete Form**

Delete/Close Cardholder Account #: _____ - XXXX-XXXX-_____

Cardholder Information

Name as is appears on PCard: _____

Department Name: _____ Department #: _____

Dept. Liaison Name: _____

Dept. Liaison Signature: _____ Date: _____

Fax to the PCard Office 520-621-1245

A confirmation of card cancellation will be sent via email to the liaison.
If a confirmation is not received within one business day, contact the PCard Office @ 520-626-9091