



Office of Accounts Payable- Travel
Business and Financial Services
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Use this form to cancel a State Travel Card. Give this form to employee upon termination. Send original to Travel so the card can be cancelled.

Date: _____

Department number: _____

Department name: _____

Cardholder's Name: _____

Cardholder's card number: _____

I am authorizing my above travel card to be cancelled immediately. All rights to use this card have ceased. I understand that I am responsible for any outstanding balances, on the card.

Cardholder's Signature Date

Approver's Signature Date