

The University of Tennessee
Procurement Card Program

Card Notification Form

This form must be completed in the event a card is lost, stolen, or compromised.

CARD WAS:

LOST

STOLEN

COMPROMISED

OTHER (Describe)

Date card was lost, stolen, or compromised.

Cardholder Name: _____

Card Number: _____
Last 6 digits only

US Bank Notified: (1-800-523-9078)

Date

Time

Name of US Bank Employee: _____

Should a replacement card be issued?

Yes

No

Cardholder Signature

Date

Department Head Signature

Date

NOTE: When completed, fax this form to the Program Administrator at (865) 974-2701.