

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 \_\_\_\_\_ Date card was lost, stolen, or compromised.  
 COMPROMISED \_\_\_\_\_  
 OTHER (Describe)

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)