



**HOWARD**  
UNIVERSITY

*Excellence in  
Truth and Service*

**OFFICE OF PROCUREMENT AND CONTRACTING  
Purchasing Card Program  
Card Surrender Notice**

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**Please surrender the purchase card to the Office of Procurement and Contracting, The Mark, 1328 Florida Avenue, NW, 1<sup>st</sup> Floor**

Date: \_\_\_\_\_

**TO: Purchase Card Program Administrator**

**FROM: \_\_\_\_\_**

Department Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

MasterCard Account Number: \_\_\_\_\_

Reason for Cancellation: \_\_\_\_\_

\_\_\_\_\_

The purchasing card was destroyed on \_\_\_\_\_  
Date

**Delivered By:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Print Name

**Received By:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Purchase Card Administrator