



HOWARD
UNIVERSITY

*Excellence in
Truth and Service*

OFFICE OF PROCUREMENT AND CONTRACTING
Purchasing Card Program
Lost/Stolen/Compromised Card Notification

Card Was: LOST
(Check One) STOLEN
 COMPROMISED
 OTHER(Describe) _____

Department Name: _____

Telephone Number: _____

Cardholder Name: _____

MasterCard Account Number: _____

Date Lost/Stolen/Compromised: _____

Date and Time Called into Bank: _____

If stolen on campus, date reported to Campus Police: _____

Any unauthorized purchases made on the day card was Lost/Stolen/Compromised? _____

Other Information: _____

Cardholder Signature: _____ **Date:** _____

Approved By: _____ **Date:** _____

Purchase Card Administrator