

Returned Card Receipt Form

This form is to be completed and given to employees who turn in their card upon transfer, termination or cancellation of the card. The Program Administrator should retain a copy.

Division/Agency Name:

Division/Agency Address:

Date: _____

This is to acknowledge the receipt of the State of Colorado Procurement Card

No. _____ from _____
Employee Name
on _____
Date

This card was cancelled immediately and destroyed in accordance with agency guidelines. Note: The agency needs to determine which signatures are required in addition to the Cardholder.

_____	_____	_____
Date	Cardholder Signature	Printed Name
_____	_____	_____
Date	Approving Official/Liaison Signature	Printed Name
_____	_____	_____
Date	Program Administrator Signature	Printed Name