



Board of County Commissioners Purchasing Department

State of Florida

LOST OR STOLEN PURCHASING CARD NOTIFICATION FORM

PLEASE NOTIFY PURCHASING ASAP

TO: PURCHASING DEPARTMENT, P CARD ADMINISTRATOR

FROM: _____

DEPT: _____

DATE: _____

CARDHOLDER NAME: _____

CREDIT CARD NUMBER: _____

DATE CARD WAS LOST/STOLEN: _____
(If unknown, report today's date)

TIME CARD WAS LOST/STOLEN: _____
(If unknown, report time this form was completed)

LAST KNOWN LOCATION OF CARD: _____

LAST KNOWN TIME CARD WAS USED: _____
(Indicate location date of last charge)

ADDITIONAL REMARKS: _____

Revised: 9.24.18