

## **Lost or Stolen Purchasing Card Form**

TO:	Purchasing Department
FROM:	(Approving Official)
SUBJECT:	REPORT A LOST OR STOLEN PURCHASING CARD All cards must be reported within one day after the incident has occurred.)
Date of the re	eported Lost or Stolen Purchase Card:
Location of w	where the card was lost or stolen:
Select (x) a c	category listed below:
Type of card	activity: Card was lost Card was stolen
Detailed expl	lanation of the incident:
Last purchas	es made with the purchasing card:
Cardholder's	Name (Print)
Cardholder's	Signature/Date
Department I	Director's Signature/Date
Purchasing C	Card Administrator's Signature/Date