



Department of Finance- Card Services Department

Separated Cardholder's Missing Report Form

This form is used to certify that the purchases and amounts listed on the Separated cardholder's account statement are correct, do not exceed spending limits approved by the Program Administrator, and are not for personal use or items prohibited by statute or by SUNY DHSU. **Please use a separate form for each card type.**

PCARD

TCARD

NETCARD

The Reports/Documents for the statement cycle listed below **were not completed** prior to the Cardholder's separation from SUNY DSHU.

Cardholder Name: _____ Department: _____

Statement Cycle Dates	Statement Total (\$)

Card Services remarks _____

To be completed by Department:

Separation Date: _____ Reason: **Resigned** **Retired** **Terminated** **Other** _____

ATTESTATION BY SUPERVISOR/LEADER OF DEPARTMENT

I acknowledge that I am responsible for ensuring that the employee listed above abided by the policies and guidelines set forth in the Card Program. The cardholder's is no longer employed at SUNY Downstate and therefore I approve canceling the Card/s. I also attest that all missing reports/documents are checked and/or attached for your review. If not attached, please note that I approve the acceptance of this form as proof that no further information will be supplied and employee's submission noted as completely satisfied.

Supervisor (Print): _____

Title: _____

Sign: _____

Date: _____