

RETURNED COMMERCIAL CARD RECEIPT FORM

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

Division/Agency Name: _____

Division/Agency Address: _____

This document is to acknowledge the receipt of the State of Colorado Commercial Card:

Account #: _____

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 Name	Cardholder Signature
_____	_____	_____
Date	Approving Official Name	Approving Official Signature
_____	_____	_____
Date	Program Administrator Name	Program Administrator Signature