

**NIH PURCHASE CARD PROGRAM
CANCELLATION REQUEST FORM**

IC: _____

Type of account to be cancelled:

- Cardholder, account number* _____
- CAO, account number* _____
- Other: Check writing authority _____

Reason for cancellation:

- Left the NIH
- Transferred to a different IC _____ (list IC)
- No longer needs account
- Other _____

Name on account** : _____

IC Purchase Card Coordinator (please print): _____

Signature: _____ Date: _____

NOTE: Do not forget to also attach the NBS P-Card User and/or P-Card CAO User Access Request Form. Their user access must also be cancelled.

*Last 10 digits—if possible

**Please, only one name per request.