|  |  |
| --- | --- |
| A logo on a white background  AI-generated content may be incorrect. | **PURCHASING CARD REPLACEMENT FORM** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | |
| **To:** | Division Executive Director | | | | | **Date:** |  | |
| **From:** |  | | | | | **Dept/School:** |  | |
| **Subject:** | P- CARD REplacEMENT | | | | | | | |
|  | | | | | | | | |
| Please replace the Purchasing Card as card is:- | | | | | | | | |
| |  | | --- | |  |   Lost/Stolen: | | | |  | | --- | |  |   Damaged: (Please remember to attach damaged card) | | | | | |
| Reason(s) for replacement : | | | | | | | | |
|  | | | | | | | | |
| **Surname:** | | | | **First Name:** | | | | |
| **Employee ID:** | | | | **Email Address:** | | | | |
| **Cardholder Signature:** | | | | **Mobile Number:** | | | | |
|  | | | |  | | | | |
| |  | | --- | | **PLEASE ATTACH DAMAGED CARD HERE** | | | | | | | | | |
|  | | | | | | | | |
| Please forward this completed and fully signed memo to the Finance Administration Manager or the Assistant Accountant, Bldg 110-2009 | | | | | | | | |
|  | | | | | | | | |
| **Authorising Line Manager:** | | **Name:** | | | **Signature** | | | **Date:** |
| **Unitec Head of Finance:** | | **Name:** | | | **Signature** | | | **Date:** |
| **Division Executive Director:** | | **Name:** | | | **Signature** | | | **Date:** |