



Office of Accounts Payable- Travel
Business and Financial Services
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(970)491-1362/491-6021
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CSU Travel Card Cancellation Form

Please send signed copy to BFS_TravelCard_Help@mail.colostate.edu for processing.

Today's Date: _____

Department Number: _____

Department Name: _____

Cardholder's Name: _____

Last 4 Digits of the Cardholder's Card: _____

I am authorizing my above travel card to be cancelled immediately. All rights to use this card have ceased. I understand that I am responsible for any outstanding balances on the card as per the signed cardholder agreement.

Cardholder's Signature Date

Approver's Signature Date