

Arkansas State University-Jonesboro Travel Cancellation Form

Card Profile: PCARD (Registration Only) Travel Card (TCARD) Departmental Card

Date: _____ Airfare/Registration/or Hotel Travel Dates: _____

PCARD OR TCARD INFORMATION	TA# for Traveler(s) _____
First Name: _____ Last Name: _____	
Last 4 Digits of Card # _____ Phone: _____	
DEPARTMENTAL CARD INFORMATION	TA# for Traveler(s) _____
Department: _____ Traveler(s): _____	
Last 4 Digits of Card # _____ Date: _____ Phone: _____	

- Airline Ticket Credited To Card
 Travel Agency Credit to Card
 Ticket Paid For by Department **(No refund or credit)**
 Registration Credited To Card
 Registration Nonrefundable
 Transfer of Ticket to another Employee for Travel

Please explain briefly reason for cancellation

Cardholder/Liaison or Custodian
Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

FOR USE BY TRAVEL/DEPARTMENTAL CARD COORDINATOR ONLY (Do not write in space below)	
Credit Card Coordinator: _____ Date: _____	NOTES: