



Department of Natural Resources  
LaCarte Purchasing Card Program  
Cardholder Deletion Form

Last 4 Digits of Account Being Deleted: \_\_\_\_\_

Account Type (check one):                      P-Card                      CBA

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To be completed by the **Approver**:

Cardholder Name: \_\_\_\_\_

Personnel No.: \_\_\_\_\_

Job Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Reason for Deletion: \_\_\_\_\_

Was Card Destroyed:

☐ Yes

☐ No

If no, please explain:

Approver Signature: \_\_\_\_\_

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To be completed by **Fiscal Services**:

If there are any issues with pending transactions and/or approvals, please explain:

Date of Last Transaction: \_\_\_\_\_

Date of Account Deletion: \_\_\_\_\_

Program Administrator Signature: \_\_\_\_\_