

SECTION 9: APPENDIX C

Lost or Stolen Purchasing Card Report

Cardholders Name: _____

Cardholder's Department: _____

Date Card Lost: _____

Location Card was Lost: _____

Was Card Stolen? _____ if so, notify the Police Department

Was Fifth-Third Bank Notified? _____ Date and Time of Notification: _____

Were any purchases made on the card on the day that it was lost or stolen? _____

Please list these purchases:

Other pertinent information:

Department Director name and signature

Date

This card was cancelled by:

Name

Date