

**DEPARTMENT OF JUVENILE JUSTICE
Purchasing Card Program**

CARDHOLDER TERMINATION FORM

This form verifies that _____ has relinquished
(Type or clearly print name)
possession of the attached State of Florida Purchasing Card and it has been destroyed in
accordance with the Department of Juvenile Justice guidelines.



(Affix half of card here)



(Affix half of card here)

Return completed form to the Department of Juvenile Justice:

**Dawn Spann or Teresa Davis, PCard Program Office
2737 Centerview Drive
Tallahassee, FL 32399**

Cardholder Signature

Supervisor Signature

Date

Date

Agency Received Date: _____

Received by: _____