The University of Tennessee
Procurement Card Program

Card Notification Form

This form must be completed in the event a card is lost, stolen, or compromised.

CARD WAS:

- ☐ LOST
- ☐ STOLEN
- ☐ COMPROMISED
- ☐ OTHER (Describe)

_____
Date

(This should be the date card was discovered lost, stolen, or compromised)

Cardholder Name: _____ Card Number: _____
last 6 digits only

First Tennessee Bank Notified: **(1-800-234-2840)** _____ _____
Date Time

Name of First Tennessee Employee: _____

Should a replacement card be issued? ☐ **Yes** ☐ **No**

_____ _____
Cardholder Signature Date

_____ _____
Department Head Signature Date

NOTE: When completed, fax this form to the Program Administrator at (865) 974-2701.