



NOTICE OF CARD SUSPENSION

DATE: CARD NUMBER: _____

TO: ACCOUNT NUMBER: _____

FROM: Doris Frieler, Card Administrator
Purchasing Department, St. Cloud State University

SUBJECT: Suspension

This memo is to inform you that the cardholder for the above account has been suspended from using the purchasing card for the following violation(s) of the purchasing card policy:

This suspension will be for three (3) months from the date of this form. **Do not** attempt to use this card as it has been deactivated.

CC: (responsible person)
(Dean)
(Vice-president)

Reactivation

To reactivate card after suspension, the following signatures are required.

Cardholder: _____

Responsible person for the account: _____

Dean: _____

Vice-President: _____

Return this form to the Card Administrator, Purchasing Department - AS 122 and schedule your training session **after** the three (3) month period from date of this memo.