

Arkansas State University Travel Cancellation Form

Card Profile: Travel Card (T-Card)

Department Card

Date: _____

Airfare/Registration/or Hotel Travel Dates: _____

T-CARD INFORMATION

Request # for Traveler: _____

First Name: _____ Last Name: _____

Last 4 Digits of Card #: _____ Phone: _____

DEPARTMENT CARD INFORMATION

Request # for Traveler(s): _____

Department: _____ Traveler(s): _____

Last 4 Digits of Card #: _____ Phone: _____

- Airline Ticket Credited To Card Travel Agency Credit to Card Ticket Paid For by Department **(No refund or credit)**
 Registration Credited To Card Registration Nonrefundable Transfer of Ticket to another Employee for Travel

Please explain briefly reason for cancellation

Cardholder/Liaison or Custodian
Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

FOR USE BY TRAVEL CARD COORDINATOR ONLY (Do not write in space below)

Credit Card Coordinator: _____

Date: _____

NOTES: