Arkansas State University
Lost/Stolen Card/Fraud on Card

Card Profile: ○ **Travel Card (T-Card)** ○ **Department Card**

CARDHOLDER OR CUSTODIAN INFORMATION

First Name: _____ Last Name: _____

Last 4 Digits of Card #: _____ Date: _____ Work Phone: _____

Cardholder(Print): _____ Signature: _____

Card : ☐ Lost ☐ Stolen ☐ Fraud US Bank Contacted Date: _____

Please explain briefly reason for replacement:

_____

_____

_____

_____

_____

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

Notified: _____ Date: _____

New Card Received _____ Date: _____