

## Lost or Stolen ProCard Notification Form

| Required Information:   | Record in this column:  |
|---|---|
| Enter the name the card was issued to   |   |
| Enter last 4 digits of card   |   |
| Enter UHV Cost Center assigned to this card   |   |
| Enter your department name  |   |
| Enter your supervisor's name and telephone number   |   |
| Indicate below card status:<br><input type="checkbox"/> Lost<br><input type="checkbox"/> Stolen<br><input type="checkbox"/> Destroyed<br><br>Date / Time of Incident: _____ / _____ | Provide a full account of the events:<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____ |

Law enforcement notified. If yes, who: \_\_\_\_\_ Date: \_\_\_\_\_

Contact UHV Program Administrator, Susie Motal, ext. 826 or email [motals@uhv.edu](mailto:motals@uhv.edu) Date: \_\_\_\_\_ Time: \_\_\_\_\_

Did you notify JP Morgan Chase 800-890-0669? Please check: Yes \_\_\_\_\_ Date/Time \_\_\_\_\_ / \_\_\_\_\_ No \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor, please initial if you approve reissue of this card \_\_\_\_\_

**For UHV ProCard Card Administrator use only:**

Date Cardholder Notification Received \_\_\_\_\_

Bank Notified \_\_\_\_\_

Card Received \_\_\_\_\_ Card Reissued \_\_\_\_\_