



# The Southern Baptist Theological Seminary

## Report of Lost or Stolen Card

Please complete all blanks and fax form to Accounts Payable at 897-4202.

### Credit Card Information

Cardholder Name \_\_\_\_\_

Administrator's Name \_\_\_\_\_

Card Number: \_\_\_\_\_

Department Name and Location: \_\_\_\_\_

Department Phone Number: \_\_\_\_\_

### Card Was:

Lost

Stolen

Date Lost/Stolen: \_\_\_\_\_

Provide detailed explanation of events that preceded the card being lost or stolen:

### Intermediate Action

No Reissue Necessary

Reissue Card

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Date

### Internal Use Only

Date reported to Accounts Payable \_\_\_\_\_

Date reported to U.S. Bank \_\_\_\_\_

Date reported to SBTS Security \_\_\_\_\_