

# P-CARD INCIDENT/LOSS REPORT

**Date:** \_\_\_\_\_

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

**Cardholder:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Department:** \_\_\_\_\_

Description of Incident \_\_\_\_\_

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Action Taken \_\_\_\_\_

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Recommendation \_\_\_\_\_

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Submitted by \_\_\_\_\_ Phone Number \_\_\_\_\_

Fax this form to the P-card Administrator at 336-8777  
immediately for review and processing