

**ARMY CONTRACTING COMMAND - ROCK ISLAND
GOVERNMENT PURCHASE CARD PROGRAM
CLEARING DOCUMENT**

1. NAME OF CARDHOLDER:

2. CARD NUMBER LAST FOUR DIGITS:

3. EXPIRATION DATE:

4. REASON (Select one):

Employee Transferred

Employee Resigned

Other:

Yes

No

5. Did card holder complete the electronic purchase certification for outstanding purchases?

6. Did cardholder turn in any outstanding original purchase requests, receipts and documentation?

7. Did cardholder turn in any outstanding original statements of account and all GPC records?

SIGNATURE OF CARDHOLDER:

DATE:

BILLING OFFICIAL APPROVAL:

NAME:

SIGNATURE:

DATE: