

# MU TRAVEL CARD

## CARDHOLDER ENROLLMENT / CHANGE FORM

**Action:**       Initial Enrollment       Change to Existing Account

Fill in ALL blanks down to double line and return to Card Systems Administrator

### Individual's Information to Appear on Card

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
(Please Print)

**Verification Information**

Applicant's title: \_\_\_\_\_

Department Name: \_\_\_\_\_

Cost Center/ WBS/Internal Order  
 \_\_\_\_\_

Justification:  
 \_\_\_\_\_  
 \_\_\_\_\_

Last 4 digits of SS# \_\_\_\_\_  
(Activation Password)

Office Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Email address \_\_\_\_\_

**Applicant verifies that he/she is a full time employee of Millersville University and that they must apply for Direct Deposit for reimbursement.**

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

Responsible Person's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Financial Manager)

**Do Not Write Below This Line**

**Input**

**Approval**

Card Systems Administrator: \_\_\_\_\_  
 Date: \_\_\_\_\_

Purchasing Director \_\_\_\_\_  
 Date : \_\_\_\_\_

**Purchasing Department Data**

User ID: \_\_\_\_\_ Verification #: \_\_\_\_\_ Control Group \_\_\_\_\_