

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: _____ (Please Print) First Name: _____ Middle Initial: _____

Address Information

Home Address: _____

City: _____

State: _____

Zip Code: _____

University Building: _____

Room #: _____

Send Statement to Home Address

Send Statement to University Address

Please check one:

_____ faculty

_____ staff

Verification Information

Applicant's title: _____

Department Name: _____

Cost Center/ WBS/Internal Order

Justification:

Employee M# _____

Social Security #: _____

Date of Birth (mm/dd/yyyy): _____

Mother's Maiden Name: _____

Office Phone #: _____

Email address _____

Applicant verifies that he/she is a full time employee of Millersville University.

Cardholder Signature: _____ Date: _____

Responsible Person's Signature: _____ Date: _____
(Financial Manager)

Do Not Write Below This Line

Input

Card Systems Administrator: _____

Date: _____

Approval

Purchasing Director _____

Date: _____

PNC Data

User ID: _____ Login Role: _____ Hierarchy Level: _____ Hierarchy ID: _____ Control Group _____

