



Damaged Employee MAVcard Replacement Form

Employee Name: _____

CMU ID #: _____ MAVcard ID #: _____

Department Org #and Acct. # to be charged: _____

Authorizing
Signature: _____ Date: _____

- The amount charged for a replacement damaged MAVcard will be \$5, charged to the above organization code. The MAVcard Office will handle the account transfer of funds.
- Please present this form with the appropriate authorizing signature to the MAVcard Office to receive your replacement card. **Damaged cards must be given to the MAVcard Office at the time of replacement. If a card is not turned in, the lost card fee of \$15 will be charged to the employee.**

Updated: August 12, 2011
