



## CUNYfirst Employee Data Update Form

### For Travel and Expense Users Only

Once completed, return this form to the Business Office - Room 8401, Att. Belinda Desrosiers (ext. 7672)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Campus: \_\_\_\_\_ Department: \_\_\_\_\_

SSN: \_\_\_\_\_ Phone: \_\_\_\_\_

CUNYfirst Empl. ID: \_\_\_\_\_ NYS Empl. ID: \_\_\_\_\_

Remit-to Address: \_\_\_\_\_

Apt.: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

Note: The information provided on this form will be used for CUNY Central Vendor Management registration for CUNY employees expected to receive travel reimbursements.