



CUNYfirst Employee Data Update Form

For Travel and Expense Users Only

Complete this form, print it out and return it in person or by inter-office mail to the

Business Office – Room 8401, att. Guy Gerald Fabre (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.