TransitChek® MetroCard® Itemization Form

Company Name: _____ Customer ID#: _____

Use this form to list the TransitChek MetroCard serial number(s). Use the From/To to list consecutive MetroCard numbers. Non-consecutive MetroCard numbers should each be on a separate line for each Card.

Serial #'s From	thru	Serial #'s To	Quantity		Card Value		Total Value
_____	thru	_____	_____	x	_____	=	_____
_____	thru	_____	_____	x	_____	=	_____
_____	thru	_____	_____	x	_____	=	_____
_____	thru	_____	_____	x	_____	=	_____
_____	thru	_____	_____	x	_____	=	_____
_____	thru	_____	_____	x	_____	=	_____
_____	thru	_____	_____	x	_____	=	_____
_____	thru	_____	_____	x	_____	=	_____
_____	thru	_____	_____	x	_____	=	_____
_____	thru	_____	_____	x	_____	=	_____
_____	thru	_____	_____	x	_____	=	_____
_____	thru	_____	_____	x	_____	=	_____
_____	thru	_____	_____	x	_____	=	_____
_____	thru	_____	_____	x	_____	=	_____
_____	thru	_____	_____	x	_____	=	_____
_____	thru	_____	_____	x	_____	=	_____
_____	thru	_____	_____	x	_____	=	_____
_____	thru	_____	_____	x	_____	=	_____
_____	thru	_____	_____	x	_____	=	_____
_____	thru	_____	_____	x	_____	=	_____
		Total Card Quantity:	_____		**Total Value $**		_____

Reason for Return: _____

For Internal Use Only

Date of report sent to NYCT MetroCard Security: _____

Date Cards Destroyed: _____

Destroyed By: _____

Comments/Notes: