

RIDE MTA FOR LESS THAN FULL FARE.

COMMUTER CHOICE MARYLAND



MARYLAND TRANSIT ADMINISTRATION 

Commuter Choice Maryland Voucher Order Form (Orders of \$750 or more)

This Section To Be Completed By Employer

Company Name: _____ Date: _____

Address: _____

City/State/Zip: _____

Phone: _____ Ordered By: _____

\$1.00 Vouchers	X _____	= \$ _____
\$5.00 Vouchers	X _____	= \$ _____
\$10.00 Vouchers	X _____	= \$ _____
\$20.00 Vouchers	X _____	= \$ _____
\$64.00 Vouchers	X _____	= \$ _____
Total # of Vouchers and \$ Amount Ordered	_____	= \$ _____
	# ordered	\$ amount

Check # _____ Purchase Order # _____
(Make check payable to "Maryland Transit Administration") (Original P.O. must accompany voucher order)

Credit Card # _____ MC / VISA / AMEX / DISC Exp Date _____

Authorized Card Holder Signature _____ Date _____

**Mail this entire form to: Debra Adams, MTA Transit Store, 6 St. Paul St. (lobby level), Baltimore, MD 21202-1614, 410-767-3522.
Or fax to 410-333-0607. Allow two weeks for order processing. Questions? 410-767-3522.**

Validation Completed By MTA Accounting Department

Date Received: _____ Check/Invoice Amount: _____

Received By: _____ Check/Invoice #: _____

Deposit/Invoice Date: _____

Authorized To Ship: Yes No Authorized By: _____ Date: _____

Shipment Completed By MTA Cashier's Office

Date Received: _____ Vouchers Shipped: _____

Date Mailed: _____ Serial #'s: _____

Mailed By: _____ From: _____ To: _____

Quantity Shipped: _____ Certified Mail #: _____