

## REQUEST TO PURCHASE SPECIAL FUNCTION PARKING PERMITS

Date: \_\_\_\_\_

TO: Department of Accounting and General Services PH: 586-0343  
Automotive Management Division FAX: 586-0354

BILL TO: Department / Agency \_\_\_\_\_

Division / Program \_\_\_\_\_

Mail Address \_\_\_\_\_

Purchase Order No. \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

<u>PARKING PERMIT BOOKLETS</u>	<u>UNIT COST</u>	<u>NO. BOOKLETS REQUESTED</u>	<u>AMOUNT</u>
Full Day Parking Permits (25 each @ \$8.00)	\$200.00	_____	\$ _____
Half Day Parking Permits (50 each @ \$4.00)	\$200.00	_____	\$ _____
TOTAL DUE			\$ _____

### PERMITS SOLD IN BOOKLET QUANTITIES ONLY

### AUTOMOTIVE MANAGEMENT DIVISION USE ONLY

<u>PERMIT TYPE</u>	<u>NUMBER OF PERMITS</u>	<u>CONTROL NUMBERS</u>
FULL	_____	F _____ to F _____
HALF	_____	H _____ to H _____

ISSUED BY: \_\_\_\_\_ DEPT. CODE \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_