

REQUEST TO PURCHASE SPECIAL FUNCTION PARKING PERMITS

Date: _____

TO: Department of Accounting and General Services PH: (808) 586-0343
Automotive Management Division EMAIL: amdpcbilling@hawaii.gov

BILL TO: Department / Agency _____

Division / Program _____

Mail Address _____

Purchase Order No. _____

Contact Person _____

Phone _____ Email: _____

PARKING PERMIT BOOKLETS	UNIT COST	NO. BOOKLETS REQUESTED	AMOUNT
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

PERMIT TYPE	NUMBER OF PERMITS	CONTROL NUMBERS
FULL	_____	F _____ to F _____
HALF	_____	H _____ to H _____

ISSUED BY: _____ DEPT. CODE _____

DATE ISSUED: _____ EXPIRATION DATE _____