

Adjunct Faculty – Health Sciences Center
Parking Payment Authorization Via Transfer of Funds
2011-2012 Academic Year

For the Adjunct Faculty member whose name is listed below:

NAME: _____
LAST FIRST M. I.

TU ID NUMBER: _____

DEPARTMENT: _____

BUILDING/CLASSROOM LOCATION: _____

TELEPHONE: _____ E-MAIL ADDRESS: _____

This form will serve as a payment authorization to provide:

Guaranteed Access Parking	OR	Parking Privilege Cards
<input type="checkbox"/> 4 month period: Carlisle West Garage @ \$122.00 per month Check one: <input type="checkbox"/> Fall 2011 (September – December) <input type="checkbox"/> Spring 2012 (January – April) <input type="checkbox"/> 1 st Summer Session (May – June) <input type="checkbox"/> 2 nd Summer Session (July – August)	OR	<input type="checkbox"/> These cards are valued at \$14.00 per card. The Adjunct Privilege Cards are honored at the Carlisle West Garage and Battersby parking areas, <i>if space is available.</i> Check one: <input type="checkbox"/> Block of 50 Adjunct Parking Privilege Cards – \$700.00 <input type="checkbox"/> Block of 100 Adjunct Parking Privilege Cards – \$1,400.00

DEPARTMENTAL ACCOUNT NUMBER TO BE CHARGED: _____

FUND/ORG/ACCOUNT/PROGRAM: _____-_____-_____-_____

(Must Bear Departmental Stamp)

AUTHORIZATION (Budget Unit Head): _____ DATE: _____
(PRINT)

AUTHORIZATION (Budget Unit Head): _____ DATE: _____
(SIGNATURE)

FOR OFFICE USE ONLY (DO NOT WRITE BELOW THIS LINE)

ASSIGNED PARKING AREA: _____ HANGTAG : _____

PARKING SERVICES' SIGNATURE: _____ DATE: _____