# SERVICE VOUCHER

Agency/Individual: This form must be completed & accompany all requests for transit goods (passes/tokens) from CCT

<table>
<thead>
<tr>
<th>AUTHORIZATION FOR PURCHASE OF:</th>
<th>FREQUENCY PURCHASE AMOUNT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>____ Punch passes @ $18.00 = $ ____</td>
<td>_______ one time only</td>
</tr>
<tr>
<td>____ Punch passes @ $34.00 = $ ____</td>
<td>_______ per month</td>
</tr>
<tr>
<td>____ Punch passes @ $48.00 = $ ____</td>
<td>_______ as needed</td>
</tr>
<tr>
<td>____ Punch passes @ $100.00 = $ ____</td>
<td>_______</td>
</tr>
<tr>
<td>____ Tokens @ $2.00 ea. = $ ____</td>
<td>_______</td>
</tr>
</tbody>
</table>

S&H fee (add $6.00 each mailing) *= $ _______ * (limit of up to 4 passes in one mailing)

TOTAL AMOUNT $ _______

SPECIAL INSTRUCTIONS ______________________________________________________

PAYMENT FORM:
- □ Payment enclosed for TOTAL AMOUNT for items listed.
- □ Bill to: Agency ______________________________________________________
  Attn: __________________________ Address __________________________
  __________________________________
  __________________________________

□ MAIL TO: (Recipient’s Name and Address and Telephone #):
  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________

Office Use Only:
  Date Mailed __________
  By Staff __________

□ PICK UP AT C.C.T. OFFICE
  Recipient ________________________________________(or representative)
  (Name)

□ Recipient has been notified of the above.

AUTHORIZED BY: ___________________________ Tel. # ___________________________
  Signature
  Agency Name: _____________________________
  Address: _________________________________
  _________________________________________

AUTHORIZE DATE: ___________ DATE EXPIRES: ___________