

OFFICE OF AUXILIARY SERVICES Division of Finance and Administration

Permit and Service Order Form

(Form must be completed for processing)

Warning: Do not provide credit card numbers by phone or email.

To submit request: Download form, complete in full and send form by email to permits@iupui.edu or fax (317)274-5812.

Customer Contact Information										
Date:			Company/Department Name:							
Contact Name:			Contact Phone #:			Email:				
Billing/Campus Address:				City, State:		Zip:				
				Request Su	ımmary					
Items Re	quested:			·						
Purpose and/or Event Description:							Valid Dates:			
Payment	: Method (C	ircle One): Check/Cash	n/IUPUI B	Billing/Credit Card (N	lote: Credit ca	rd payment	s only accep	ted in office only	·.)	
CC Type: Visa, MC, DS, AE Last			Four CC		CC Month / Customer					
		Additional Inform	Digits:	guired for Universit	Year:		Signature:	lling)		
Account #:			Sub Account #:			.s Only (8117	Object Code:			
Fiscal Of	ficer/Appov	ed Delegate Printed Na	ame and	d Signature:						
*Signature on form authorizes IUPUI to charge for all expenses related to permits. Permit holder is responsible for compliance with all IUPUI Parking Regulations found at parking.iupui.edu. Any returns are subject to the Parking Terms and Conditions for purchase. Departments using an internal account may not purchase parking permits for any IUPUI employee. Departments may only purchase specified permit types determined by IUPUI Parking and Transportation Services. *********Do Not Write Below this Line. Office Use Only.******** Original Order Items Issued to Customer (Parking Services Clerk and Billings Specialist)										
Item	2		Bulk #			Rate Per Item	Quantity	Flex Receipt #	\$ Amount	
		PTS Processor:	S Processor:					Total Amount Due: \$ -		
Types of	Charges:									
8117 - Internal		Date Submitted for P	rocessing	: PTS Employe		e:	Notes:			
8119 – External*		Payment Date:		CC Receipt #:	PTS Employee:		Notes:			
*Externa	l charges sh	ould be collected at pi	ckup, un	less pre-approved b	y PTS manage	ment.		Revised: HAS	5 9/12/2018	