USG Parking Validations Request Form

Must be completed pursuant to USG Policy 8b (1.00).III.D

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Department |  |
| Email |  |
| Account to Charge |  |
| Business Purpose |  |

|  |  |  |  |
| --- | --- | --- | --- |
| NUMBER OF VALDIATIONSREQUESTED | FIRST DAY OF USE | DURATION (# OF HRS OR FULL DAY) | EXPIRATION (NOT MORE THAN 30 DAYS FROM FIRST USE) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

**By requesting validations, I understand that the specified account will be charged for the amount of parking fees incurred by the use of each validation that is redeemed. I authorize USG TAPS to charge the account(s) listed above.**

|  |
| --- |
| **Requestor** |
| Name | Signature | Date |
|  |  |  |

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| --- |
| **USG CFO/COO APPROVAL** |
| Name | Signature | Date |
|  |  |  |

Please allow for a processing time of 24-48 hours after the completed form is submitted to TAPS.