

Voucher Request Form

Please Allow 5 Business Days for Processing

Name of Department or Organization:

Voucher Details:

Specify the location, duration and quantity in the box. Duration will reflect hourly rates for specified lot.

	7:30AM to 4:00PM Weekdays			After 4PM Weekdays All Day Weekends & Holidays	
<u>Lots G, H & Underground Stadium</u>	<input type="checkbox"/> 1 Hour	<input type="checkbox"/> 2 Hour	<input type="checkbox"/> 3 Hour	<input type="checkbox"/> Full Day	<input type="checkbox"/> Evening/Weekend
<u>B, C, D, I, Q & Wilson Underground</u>	<input type="checkbox"/> 1 Hour	<input type="checkbox"/> 2 Hour	<input type="checkbox"/> 3 Hour	<input type="checkbox"/> Full Day	<input type="checkbox"/> Evening/Weekend
<u>DBHSC Underground & Surface</u>	<input type="checkbox"/> 1 Hour	<input type="checkbox"/> 2 Hour	<input type="checkbox"/> 3 Hour	<input type="checkbox"/> Full Day	<input type="checkbox"/> Evening/Weekend

Contact Information:

This section is to be filled out by representative requesting and picking up vouchers.

Requester Name:

Phone Number: _____

Extension: _____

Alternative Number: _____

E-mail Address:

Payment Type:

Please check mark and indicate how the requested vouchers will be paid for.

McMaster Chart-Field String:

Debit Card

Credit Card

Cheque

Cash - Main Office
ET Clarke Centre

Please Complete Form, Scan and Send As Attachment to parking@mcmaster.ca

FOR INTERNAL USE ONLY

Parking Staff Signature: _____

Recipient Signature: _____

Batch Number: _____

Please Print Your Name: _____