Voucher / Validator Request Form

Please complete the form below to request parking vouchers. Fax your completed form to OUHSC Parking Office at (405) 271-8182 at least 2 business days in advance.

Date: _____________________

Quantity Requested:

Location:

- □ Stonewall Parking Garage  
- □ Williams Pavilion Garage  
- □ Stevenson Cancer Center Garage  
- □ Day Pass – Scratch-Off Pass for Harold Hamm Lot

Misc:

- □ Validator Request for Special Event / Meeting - Date(s) ___________________________

Department Information:

Department: ____________________________
Sub-Department: ____________________________
Department Address: ____________________________
Building / Tower: ____________________________
Room Number: ____________________________
Contact Name: ____________________________
Contact Phone #: ____________________________

PeopleSoft Chart Field:

<table>
<thead>
<tr>
<th>Budget Year</th>
<th>Fund</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program</td>
<td>Sub Class</td>
<td>Project/Grant:</td>
</tr>
</tbody>
</table>

Signature of Authorized Approver: ____________________________

Validations Issued

<table>
<thead>
<tr>
<th>Beginning #</th>
<th>Ending #</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning #</td>
<td>Ending #</td>
<td>Total</td>
</tr>
</tbody>
</table>

Office Use Only:

Received by_________________________ Date ________________