Penn
Parking Services

Temporary Occasional Parking Program Daily Pass Order

Date: _____

Name: _____

Penn ID#: _____

Signature_____

Number of Daily Passes Requested (discounted rate of $6 per day) _____

I _____ , attest that I am a University Of Pennsylvania employee who commutes via mass transit. I hereby acknowledge that payment for the passes I have purchased will be paid for via payroll deduction for the Temporary Occasional Parking Program by selecting the appropriate pay cycle for payroll deduction.

 Circle Your Pay Cycle: Penn Monthly   Penn Weekly | HUP Bi-Weekly |

Parking Staff Use Only:

SEPTA Key Card or Transit Pass Provided_____

SEPTA Senior Fare Card or State-Issued Driver's License Provided_____

Other (e.g. PATCO, NJ Transit, AMTRAK) _____

Assigned Parking Facility _____

Parking Facility Ticket Numbers Issued: _____

Entered in AIMS: _____

Entered in Payroll: _____

Staff Initials_____   Date_____   Time_____