Departmental Parking Validation Order Form

Use this form to request parking validations from Parking & Transportation Services (PTS). Please monitor your stock and place your order well in advance. Large single-use ticket orders may take several days to prepare. Multi-use passes may take up to two weeks.

For orders of 50 single use tickets or fewer, bring or fax (919-684-4768) this form to the Customer Services Center in the Duke Clinic, beside the Medical Center bookstore, between 7:30am and 5pm weekdays, or follow the instructions for larger orders below. Only the Duke Clinic location can process small orders while you wait.

For single use ticket orders over 50, or multi-use scan-able passes, email or fax (919-681-7746) the completed form to tranpark@duke.edu with the subject “Parking Validation Order,” or bring it to 2010 Campus Dr. between 9am and 5pm weekdays. Please note that the Campus Drive location cannot fulfill small orders while you wait.

PTS will prepare the order and advise when it is ready for pickup at 2010 Campus Dr.

**Important:** Parties picking up their order must provide the cost center used to place the order.

<table>
<thead>
<tr>
<th>Date</th>
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<tbody>
<tr>
<td>Department</td>
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<tr>
<td>Authorized requestor’s name</td>
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<tr>
<td>Cost center</td>
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<td>Company code</td>
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</table>
| Billing address  
(Duke Box Number, Street, City, State, Zip) |  |
| Email to be notified for pickup |  |
| Contact phone number |  |
| Single Use Validation Ticket | 1 Hour ($2)  
PG1, PG2, PG3, Research Dr Garage: Full Day ($8)  
PG4 (Bryan Ctr Garage): Full Day ($8; $12 value)  
PG4 Reserved Visitor Space*: Full Day (No charge) |
| Multi-use scan-able pass*  
(For use by departments indicated only) | Pink Smock Gift Shops: 10-Use Pass  
Volunteer Services  
Pastoral Services  
Adult Bone Marrow Transplant  
Child & Family Mental Health |
| *Multi-use passes require up to a 2-week lead-time for delivery. |  |
| Quantity |  |
| Remarks  
* Indicate PG4 reserved space number(s) |  |

**For PTS Use Only**

Encoded by (print name) ____________________________  
Expiration date ________________

Date encoded ____________________________  
Validation type ____________________________

Batch number(s) ____________________________

Customer notified order complete on (date) ____________________________

PTS Parking Validation Order Form Rev 6-27-16.docx