



**Definition of Sponsored Guest:** Individuals to CSU, Chico whose parking fee will be paid by a college or department.

**PERMITS PURCHASED**

Check Permit Type:       Daily  Weekly      Total Permits \_\_\_\_\_

Total Permits      @ \$      Each for Total of \$

COST      TOTAL

**STATE CHARTFIELD**

Account	Fund	Dept. ID	Program (Optional)	Project (Optional)	Class (Optional)
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**CONTACT INFORMATION**

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Requested By: \_\_\_\_\_

**AUTHORIZATION**

This authorizes Student Financial Services to charge the state account listed above for the purchase of sponsored guest parking permits as follows:

I certify that I am authorized to make expenditures from the account specified.

\_\_\_\_\_

SIGNATURE      PRINT NAME      DATE

**SFIN USE ONLY      Journal Date:      Journal Requested By:      Permit Range:**