Drexel Parking Services Request Form(Used by Departments/Offices for guest parking costs charged to a Fund/Org)

Please send the request form at least 72 hours in advance. Requests are approved in the order received and on a space available basis. Send a **Fax** copy to **215.895.0255**, to parking@drexel.edu, and/or phone questions may be directed to the Parking Office **215.895.2813**.

Department / Office / College Information				
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Requester's First and Last Name:	Today's Date:	//	Office/Contact Phone:	
Department/Office/College:	Email:		FAX Number:	-
Cost Center: 4061 A	Authorized Signature to Approve Co	ost Center Exper	nse:	
Guest Services Information				
Arrival Date:/ Expected Arriv	val Time: <u>from</u> (AM	/ PM) to	(AM / PM) Number	of Vehicles:
Guest or Group Name:	Campus Destination of Guest:			
For University City Main Campus : Please direct park the vehicle take note of the space number us elevator lobby, room 124, at the Garage) before continuous control of the space of the s	sed, and then report which space th			
For Queen Lane Medical Campus: Please direct guest to the visitor lot and provide them with a token for exit.				
Official Use Only				
Reference Number	Vehicle Count	x Rate \$	/ vehicle = \$	
Staff Assign to Task	Initial	I	Date/	/
Notes:				