



Departmental Parking Payment Certification

Complete this form and attach it to the HokieMart ISR Purchase Order.

Requestor's Name _____

Requestor's Department _____

Email & Phone _____

Fund # _____

Business Purpose _____

Choose the type of parking service

Batch of Visitor Parking Permits (*limit of 25*)
of Permits Requesting _____

Event Parking Permits
Event _____
Date(s)/Location _____ *# of Permits Requesting* _____

North End Center (NEC) Parking Validations (*limit of 25 – Parking Permits cannot be exchanged for Validations*)
of Validations Requesting _____

Other (*Reserving parking spot, turf passes, event space lease, etc.*)
Description _____
Date(s)/Location _____

Submit page 2 with certification if visitors known, otherwise, keep with departmental records.

Certification Statement

The department will store all purchased parking permits in a secure and locked location, with limited access.

The department will maintain a log of the individuals who receive a parking permit and their business purpose on campus.

The department will not distribute parking permits purchased on Virginia Tech department or foundation fund(s) to current VT faculty, staff, or students.

The department will maintain all records/logs for audit purposes according to *VT Policy 2000: Management of University Records*.

By my signature, I certify that I have reviewed the *Procedure 90200: Departmental Parking Payment*, and the department will comply with the conditions listed above.

Authorized Approver Printed Name: _____ Date: _____

Authorized Approver Signature: _____

Refer to Procedure 90200: Departmental Parking Payment for guidance

Departmental Parking Payment Certification

Permit # <i>(if available)</i>	Name of Individual/ Committee Receiving Permit	Affiliation	Business Purpose	Date(s)

Refer to Procedure 90200: Departmental Parking Payment for guidance

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