

## TRANSPORTATION AND PARKING OFFICE CAMPUS SERVICES 3310 SW US VETERANS HOSPITAL RD

MAIL CODE PP220A
PORTLAND, OREGON 97239-3098
TELEPHONE: 503-494-8283

TELEPHONE: 503-494-8283 FACSIMILE: 503-418-1299 IBS - Department Paid

## 2016-2017 OHSU Transit Pass Paid by Department

First Name:	Last Name:
Employee or Student ID:	E-mail:
Please read the following carefully, and sign below.	
As a current member of the OHSU community, I verify t my OHSU photo ID card for use on TriMet or C-Tran pu following understanding:	that a TriMet or C-Tran Universal Pass has been affixed to ablic transportation services. I accept this pass with the
circumstances. If someone other than me is found u will be subject to disciplinary action up to and includ	it to OHSU Transportation & Parking if my employment
For general transit information, please visit www.ohsu.edu/transit.	
Please select the pass you qualify for:  TriMet Universal for anyone with an OHSU pass: \$70 (same price all year)  C-Tran Express for Washington residents only: \$385 (prorates down if purchased later in transit year)  Departmental Billing Information:	
1. Department Name:	
2. Fiscal Authority:	Fiscal Authority Email:
By signing below, the fiscal authority give permission for the above transit pass to be billed to the alias provided.	
3. Fiscal Authority Signature:	
4. FAID: ALIAS:	
By signing below, I acknowledge this information to be	true and agree to comply with these rules.
Signature:	Date:
T&P PROCESSOR, pass completed in all T2 n	nodules: permit, finance and notes.