

Website: www.cctbus.org

## **Litchfield Office**

812 East Ripley ~ P.O. Box 36 Litchfield, MN 55355

Phone: 320-693-7794 Fax: 320-593-2889

## **Willmar Office**

 $\overline{1320\ 22^{nd}\ Street}\ SW\sim P.O.\ Box\ 186$ 

Willmar, MN 56201 Phone: 320-214-7433 Fax: 320-214-7754

## **Olivia Office**

612 East Lincoln Olivia, MN 56277 Phone: 320-523-3589 Fax: 320-523-1043

## **SERVICE VOUCHER**

Agency/Individual: This form <u>must</u> be completed & accompany <u>all</u> requests for transit goods (passes/tokens) from CCT

<b>AUTHORIZATION FOR PURCHASE OF:</b>	FREQUENCY PURCHASE AMOUNT:
Punch passes @ \$18.00 = \$	one time only
Punch passes @ <u>\$34.00</u> = \$	<b> per month</b>
Punch passes @ <u>\$48.00</u> = \$	\$ as needed
Punch passes @ $$100.00$ = \$	<b>5</b>
Tokens @ <u>\$2.00</u> ea. = \$	S
<b>S&amp;H</b> fee (add \$6.00 each mailing)*= \$	*(limit of up to 4 passes in one mailing)
TOTAL AMOUNT \$	
SPECIAL INSTRUCTIONSPAYMENT FORM:	
☐ Payment enclosed for TOTAL AMO	MINT for items listed
<del></del>	
☐ Bill to: Agency Attn:	
	<del></del>
Address	
☐ MAIL TO: (Recipient's Name and Addres	s and Telephone #):
and read to the state of the st	Office Use Only:
	Data Mailad
	By Staff
☐ PICK UP AT C.C.T. OFFICE	
Recipient	(or representative)
(Name)	
$\hfill\Box$ Recipient has been notified of the above.	
AUTHORIZED BY:	Tel. #
Signature	
Agency Name:	
Address:	
AUTHORIZE DATE:	DATE EXPIRES: Form SV 1/2.
TO THORIZE DITLE,	FORM SV 1/23