



CENTRAL COMMUNITY TRANSIT

Website: www.cctbus.org

Litchfield Office

812 East Ripley
Litchfield, MN 55355
Phone: 320-693-7794
Fax: 320-593-2889

Willmar Office

1320 22nd Street SW 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 must be completed & accompany all requests for transit goods (passes/tokens) from CCT

AUTHORIZATION FOR PURCHASE OF:

_____ Punch passes @ **\$18.00** = \$ _____
_____ Punch passes @ **\$34.00** = \$ _____
_____ Punch passes @ **\$48.00** = \$ _____
_____ Punch passes @ **\$100.00** = \$ _____
_____ Tokens @ **\$2.00** ea. = \$ _____

FREQUENCY PURCHASE AMOUNT:

_____ one time only
_____ per month
_____ as needed

S&H fee (add \$5.25 each mailing)*= \$ _____ *(limit of up to 4 passes in one mailing)

TOTAL AMOUNT \$ _____

SPECIAL INSTRUCTIONS _____

PAYMENT FORM:

Payment enclosed for TOTAL AMOUNT for items listed.

Bill to: Agency _____
Attn: _____
Address _____

MAIL TO: (Recipient's Name and Address and Telephone #):

Office Use Only:

Date Mailed _____
By Staff _____

PICK UP AT C.C.T. OFFICE

Recipient _____ (or representative)
(Name)

Recipient has been notified of the above.

AUTHORIZED BY: _____
Signature

Tel. # _____

Agency Name: _____

Address: _____

AUTHORIZE DATE: _____

DATE EXPIRES: _____