DEPARTMENTAL REQUEST – 2009

FORM D

YELLOW DAY PERMIT – CLAYTON CAMPUS ONLY

Requesting Department:..... **Campus:** .....

PLEASE COMPLETE ONE OF THE FOLLOWING

SAP Account Codes:

G/L Account: 742061

C/Centre: ___ ___ ___ ___ ___ ___

Fund: ___ ___ ___ ___ ___ ___ ___

OR

Debtor NO:

Please Invoice: ❑ __ __ __ __ __

Inter-company Journal: ❑ __ __ __ __ __

COVERING MEMOS ARE NOT REQUIRED

Permit Details (Please use block letters):

Name to appear on permit	**Date / s permit required**	To be collected from Bldg 61 **(Please tick)**	Return via Internal Mail **(Please tick)**

Name of Authorising Officer (please print): ..... Ext: .....

Signature of Authorising Officer: .....

Permit requests should be faxed to the Security & Traffic Clayton office on **9905 5489**

Parking charges of **$6.50** (ex GST) per permit per day will be levied upon receipt of this request.

No refunds are applicable in the event of a requested permit being cancelled or for any reason not used.

The University gives no undertaking that a parking space will be available in any particular place or area.