

CE TRANSPORTATION FEE CREDIT REQUEST

FOR DAY SCHOOL STUDENTS ONLY WITH A VALID PARKING PASS

PLEASE PRESENT COMPLETED FORM TO THE PARKING OFFICE (FENNELL CAMPUS, ROOM F101).

STUDENT NAME (PLEASE PRINT): _____	FULL TIME PARKING PERMIT NUMBER: _____
STUDENT ID: _____	
TERM: _____	
DATE: _____	PARKING OFFICE STAFF SIGNATURE: _____

List Course Registration Numbers being taken for the term represented for this request:

CRN(s)	For Accounting Office Use Only:		
	Amount (PKCR)	HST (HSTP)	Total

Amount toward outstanding ticket (MISP): \$_____ Refund Amount: \$_____

The amount of the credit is based on the CRN(s) and will be determined by Accounts Receivable. A credit will be applied on your account after the day school add/drop date for each term. If your account is paid in full, a cheque for the credit amount will be issued to you.

ACCOUNTING SERVICES: STAFF SIGNATURE: _____
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