

FISHER COLLEGE PARKING PLAN
REIMBURSEMENT FORM

NAME: _____

WEEK OF: _____

AMOUNT _____

*DAYS PARKED IN GARAGE:

DAYS PARKED AT METER:

___M___T___W___T___F

___M___T___W___T___F

*A MAXIMUM OF \$23/ DAY IS REIMBURSABLE

A MAXIMUM OF \$10/ DAY IS REIMBURSABLE

SIGNATURE _____

PLEASE SUBMIT TO FINANCE OFFICE BY MONDAY

If you wish to donate a portion of your reimbursement to the Fisher College Annual Fund Campaign, please check the box and indicate the amount of your donation. This amount will be deducted from your reimbursement.

Yes, I wish to donate \$_____

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