

Code Order Form

(Form must be completed for processing)

To submit request: Download form, complete in full and send form by email to permits@iu.edu or fax (317)274-5812.

				Customer Cont	tact Informatio	n			
Date:	Department Name:								
Contact	ct Name: Contact Phone #:				Email:				
Billing/Ca	illing/Campus Address: City, State:				•			Zip:	
Meeting,	/Event Desci	ription:		Request	Summary				
Meeting	/Event Date	(s):							
Estimated number of Attendees:				Parking Location(s):					
		Additional Inform	nation Requ	uired for Univer	sity Departmer	nts Only (811	L7-Internal B	illing)	
Account #:				Sub Account #:				Object Code:	
Fiscal Of	ficer/Appove	ed Delegate Printed I	Name and S	Signature:					
to ensure	e they are or		ntended use harged ever ***Do Not	ers. If you suspec by time the code Write Below th	ct misuse of cod is utilized, ever iis Line. Office l	le, please con if used by u <mark>Jse Only.**</mark> *	ntact permits nintended po	s@iu.edu to deac arties.	-
Original Order Items Issued to Customer (Parking Services Clerk and Billings Specialist) Rate Per									
Item	Pe	ermit Range	Bulk#	Dates Valid		Item	Quantity	Flex Receipt #	\$ Amount
PTS Processor:							Total Amount Due: \$ -		
Types of Charges: 8117-Internal 81			811	9-External			J .00	a. Amount Duc.	Υ
	mitted for F	Processing:	-		PTS Employee:				
Notes:								Revised: LKJ 3/1	3/2025