



California State University, Sacramento  
 University Transportation & Parking Services  
 (UTAPS)

**Departmental Permit Purchase Form**

Sacramento State is not responsible for lost or stolen permits. If a permit is lost or stolen, UTAPS will place the permit on a fraudulent use list. You may request to purchase another permit at our office located in the Welcome Center. By his/her signature below, the undersigned has read and understands that misuse of a Sacramento State parking permit may result in the revocation of said permit, issuance of parking citations and/or other corrective measures. For more information on parking regulations, please visit [www.csus.edu/utaps](http://www.csus.edu/utaps).

Departments may not purchase parking permits for employees represented by a collective bargaining agreement.

**DEPARTMENT INFORMATION**

Semester Permit  Weekly Permit  Daily Permit  Quantity: \_\_\_\_\_

Department Name: \_\_\_\_\_

Department ID (*correct example: 49900*): \_\_\_\_\_

Fund (*correct example: MDS01, MDR01*): \_\_\_\_\_

Class Code (if applicable): \_\_\_\_\_

**Department Chair/Dean/Director:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Must have delegation of authority for expenditure transfers) Please print name

\_\_\_\_\_  
Please sign name

**RECIPIENT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

**Signature of Recipient:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

<b><i>For UTAPS Office Use Only</i></b>	
<i>Permit Number(s):</i> _____	<i>Amount:</i> _____
<i>Issued By:</i> _____	<i>Date:</i> ____/____/____