



Offsite Parking Payment Request

Name: _____

Department: _____

Supervisor: _____

Month/Year: _____

This is to certify that I parked in the east parking lot of Davis Hospital and Medical Center on the following **Mondays and Tuesdays** this month (place a mark under each date):

1	2	3	4	5	6	7	8	9	10	11
12	13	14	15	16	17	18	19	20	21	22
	23	24	25	26	27	28	29	30	31	

This form must be turned in to your supervisor by the 3rd business day of each month in order to receive payment for that month. (Supervisors should forward these forms to Holly in Accounts Payable.) Checks will be cut on the 5th business day of each month.

Employee Signature: _____

Supervisor Signature: _____