El Paso County Parking Garage
Refund Request

☐ Refund Deposit

☐ Refund Month Payment

☐ Payroll Deduction Cancellation _____

Date of Cancellation _____

Payable To: _____

Address _____

City, State, Zip _____

Dept/Business _____

Phone # _____

Signature _____

Facilities Management

Card # _____ Returned_____

Account Paid Thru _____   Card Refund Request $_____

Last Date Card Used _____   Month Refund Request $_____

Extended Use(County) _____Days ($1.33/Day)   Less Extended Use ($_____)

Extended Use (Non-County) _____Days ($2.66/Day)   Total Refund Due $_____

_____   _____
Viviana Alvidrez, FMD   Date

County Auditor

	Amount		
Index:	_____	Auditor's Initials:	_____
Subobject:	_____ _____	Date:	_____
GL:	_____	Manager's Approval:	_____
Subsidiary:	_____ _____	Date:	_____