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| S:\LOGO\CCT Logos\CCT LOGO.jpg  Website: [www.cctbus.org](http://www.cctbus.org) | | |
| **Litchfield Office**  *812 East Ripley ~ P.O. Box 36*  *Litchfield, MN 55355*  *E-mail:* [***willmardispatch@cctbus.org***](mailto:willmardispatch@cctbus.org)  *Phone: 320-693-7794*  *Fax: 320-593-2889* | **Willmar Office**  *1320 22nd Street SW ~ P.O. Box 186*  *Willmar, MN 56201*  *E-mail:* [***litchfielddispatch@cctbus.org***](mailto:litchfielddispatch@cctbus.org)  *Phone: 320-214-7433*  *Fax: 320-214-7754* | **Olivia Office**  *612 East Lincoln*  *Olivia, MN 56277*  *E-mail:* [***oliviadispatch@cctbus.org***](mailto:oliviadispatch@cctbus.org)  *Phone: 320-523-3589*  *Fax: 3205231043* |
| **BRIDGEVIEW SERVICE VOUCHER**  ***Agency/Individual: This form must be completed & accompany all requests for transit goods (passes/tokens) from CCT.***  ***Visit the website above or contact the applicable office by e-mail or phone to discuss the value of each option below to determine which Punch Pass or Tokens options would work for the request.*** | | |

**AUTHORIZATION FOR PURCHASE OF:**

|  |  |  |
| --- | --- | --- |
| **#** | **Punch passes @ $22.50\*** | **$** |
| **#** | **Punch passes @ $42.50\*** | **$** |
| **#** | **Punch passes @ $60.00\*** | **$** |
| **#** | **Punch passes ($5 increments) @ $125.00\*** | **$** |
| **#** | **Tokens @ $2.50\* ea.** | **$** |
| **Required: Add S&H fee (fee subject to change)\* \**(limit of up to 4 passes in one mailing;*** | | **$ 6.00** |
|  | **TOTAL** | **$** |

**\*Prices includes an additional Admin fee**

**SPECIAL INSTRUCTIONS:**

**PAYMENT FORM:**

**Bill to: EMAIL:** [**EWBusPasses@bluecrossmn.com**](mailto:EWBusPasses@bluecrossmn.com)

|  |  |
| --- | --- |
| **MAIL TO:** | <Recipient Name> |
|  | <Recipient Address>  <Recipient Address> |
|  | <Recipient Telephone #> |

**Recipient has been notified of the above**

|  |  |
| --- | --- |
| **AUTHORIZED BY:** | <Electronic Signature> |
|  | <Enter Care Coordinator Name> |
|  | <Delegate Agency Name> |
|  | <Agency Address> |
|  | <Care Coordinator Phone #> |

|  |  |
| --- | --- |
| **Office Use Only:** | **Date Mailed:** |
|  | **By Staff:** |