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| S:\LOGO\CCT Logos\CCT LOGO.jpgWebsite: [www.cctbus.org](http://www.cctbus.org) |
| **Litchfield Office***812 East Ripley ~ P.O. Box 36**Litchfield, MN 55355**Phone: 320-693-7794* | **Willmar Office***1320 22nd Street SW ~ P.O. Box 186**Willmar, MN 56201**Phone: 320-214-7433* | **Olivia Office***612 East Lincoln**Olivia, MN 56277**Phone: 320-523-3589* |
| **BRIDGEVIEW SERVICE VOUCHER*****Agency/Individual: This form must be completed & accompany all requests for transit goods (passes/tokens) from CCT.******Completed form must be sent to:*** ***accounting@cctbus.org*** ***or faxed to: 320-214-7754******Visit the website above or contact the applicable office by phone to discuss the value of each option below to determine which Punch Pass or Tokens options would work for the request. Do not send this form to individual offices.*** |

**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**

|  |  |
| --- | --- |
| **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 #> |

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