

REQUEST FORM



Name of Institution
Mailing Address
Facility, if applicable (use Comments section if more facilities are needed)

REQUEST TYPE (check all that apply):

Participant Headcount Adjustment (Any proration based on contract effective dates will be applied on a monthly basis)

		FOR VTA USE ONLY		
Additional Headcount	Effective Date	Annual Rate	Months Remaining	Prorated Total

Additional or Replacement Clipper® cards (Subject to a \$3.00 Clipper® fee per card)

		FOR VTA USE ONLY
Number of Card(s) needed	Serial number(s) of cards to be replaced (if applicable)	Clipper® Fee Total

Comments

SMARTPASS COORDINATOR:

Name, Title, Email, Phone	
Signature	Date

INSTRUCTIONS:

1. Email completed form to SmartPass@vta.org.
2. Attach participant's photo(s) on the email if you have an agreement with VTA to print onto cards. Label photo(s) with the user's first and last name. Keep photo size under 200 KB and within the following formats: JPEG, GIF, BMP, TIFF and PNG.

PAYMENT:

All requests will be invoiced unless Institutions prepaid for cards. Payment is due immediately. Requests will not be processed until payment is received. Card orders under 50 quantity will be invoiced through VTA's PayPal account and can be paid using PayPal, credit card or check (mailing instructions will be on the invoice). **DO NOT SEND CASH PAYMENTS.**

FOR VTA USE ONLY		
Accepted: Rael Manlapas (Revenue Services Manager)	Invoice Number	Total Amount Due