

ADVANCE ISSUE COMPLIMENTARY TICKET/ VALIDATION REQUEST FORM

TO BE COMPLETED FOR COMPLIMENTARY TICKETS A MINIMUM OF 3 WORKING DAYS BEFORE TICKETS
ARE REQUIRED TO BE PROVIDED/ISSUED.

CONTACT PERSON: _____

DEPARTMENT/FACULTY: _____

TEL NO: _____ EMAIL: _____

ROOM NO: _____ CAMPUS: _____

CONFERENCE/EVENT _____

CAMPUS: _____

DATE OF VISIT: EVENT FROM: _____ TO: _____

TIME OF VISIT: EVENT FROM: _____ TO: _____
(These times should be from potential earliest arrival to latest departure)

NUMBER OF TICKETS REQUIRED: _____

COST CENTRE FOR RECHARGING: _____ ANALYSIS CODE _____

I/WE ACCEPT RESPONSIBILITY FOR THE COST OF ALL ADVANCE ISSUE COMPLIMENTARY TICKETS USED

AUTHORISED BY: _____ DATE: _____
(SENIOR OFFICER)

**IF RESERVED CAR PARKING IS REQUIRED THIS PROVISION SHOULD BE REQUESTED ON THE
APPROPRIATE FORM**

OFFICIAL USE ONLY

Approved: _____ DATE: _____
(Name & Title)

Tickets Issued: _____ DATE: _____

Ticket Receipt Acknowledged: _____ DATE: _____

Costs Recharged: _____ DATE: _____

NOTE: WHEN COMPLETED THIS FORM SHOULD BE RETURNED TO CAR PARK & TRAFFIC
MANAGEMENT OFFICE WHERE THE TICKET WILL BE VALIDATED OR AN EXIT TICKET
WILL BE GIVEN:

COLERAINE ROOM NUMBER H116 OR FAX: 24337
JORDANSTOWN/BELFAST ROOM NUMBER 10A01B OR FAX: 66569
MAGEE ROOM NUMBER MD004 OR FAX: 75326