EMAIL THIS ORDER FORM TO:

accountsreceivable@rtcwashoe.com -- *REQUIRED FIELDS:

*DATE: _____

MINIMUM ORDER: **50 PASSES** FOR DELIVERY SERVICE

*COMPANY/ORG: _____

*PHONE: _____

*DELIVERY ADDRESS: _____

*FAX: _____

*BILLING ADDRESS: _____

*PICK UP [ ] or DELIVERY [ ]

*CONTACT, PO# or NOTES: _____

RTC RIDE:			PASS # (DO NOT WRITE IN THIS AREA)	*QTY	TOTAL $
31 DAY PASS:					
ADULT	$	65.00	--		
REDUCED	$	32.50	--		
7 DAY PASS:					
ADULT	$	14.50	--		
REDUCED	$	6.00	--		
DAY PASS:					
ADULT	$	3.00	--		
REDUCED-YOUTH/SENIOR/DISABLED	$	1.50	--		
RTC ACCESS:					
ACCESS-BK/10 TICKETS	$	30.00	--		
ACCESS ON RIDE-10 TRIP	$	4.00	--		
ACCESS SINGLE TICKET	$	3.00	--		
RTC INTERCITY:					
10 RIDE-ADULT	$	42.50	--		
10 RIDE-YOUTH/SENIOR/DISABLED	$	21.25	--		
1 RIDE PASS: (Service Orgs ONLY)					
1 RIDE-ADULT/YOUTH/SENIOR/DISBL	$	5.00	--		

My signature (or initials) certifies that I have verified the pass quantities & sequence numbers above.

Total Invoice:	
CR/Adj-if any:	
Grand Total:	

RECEIVED: _____   DATE: _____

RTC AGENT: _____   DATE: _____