

El Metro Bus Ticket Order Form



Organization Name		Date	
Address		Phone	
Requested by		Email	
Ticket Request Date			

Order (please fill in the quantity requested and total amount)

<i>Fare Description</i>	<i>Fare Amount</i>	<i>Quantity</i>	<i>Total Amount</i>
Adult (4 ride ticket)	\$8.00		
Student (10 ride ticket)	\$15.00		
Child (1 ride ticket)	\$0.75		
Total			

Authorized Signature		Date	
Printed Name and Title		Email	
Phone		Fax	

For office Use Only

Ticket Numbers	_____
Invoice Number	_____
Received by	_____