JSU ATHLETICS TICKET OFFICE

601-979-2420 ***office***
601-979-6966 ***fax***

TO: The Jackson State University Payroll Department

FROM: _____ J# _____
(***Please print your name as it appears in the Payroll Department)***

PHONE: _____ Email _____

This is to officially authorize the payroll accountant to deduct a total of $_____ from my salary for 2016 Football Season Ticket

☐ Gen. Admission ☐ Reserved ☐ Box ☐ Family Pack

	GA	**Reserved**	**Box**	**Family Pack (*4 General Admission Season Ticket Packages*)**
Regular Ticket Price	$65	$135	$200	$220

INSTALLMENT SCHEDULE:

1st Installment_____, 2016 $ _____ 5th Installment_____, 2016 $ _____
2nd Installment_____, 2016 $ _____ 6th Installment_____, 2016 $ _____
3rd Installment _____, 2016 $ _____ 7th Installment_____, 2016 $ _____
4th Installment _____, 2016 $ _____ 8th Installment_____ , 2016 $ _____

NOTE: For payroll deduction to become effective during the month the form is submitted, paperwork must be received by the 15th of that month. Paperwork received after the 15th will become effective in the following month. **The final draft date for payroll deduction is September 15, 2016.**

_____ Date _____
Employee's Signature

SEAT ASSIGNMENT(S)

Section	**Row**	**Seat(s)**

For office use only

Date submitted by JSU Ticket Office: _____ Account # _____

_____
Signature of Ticket Manager

Revised 3/2016