

FLORIDA A&M ATHLETICS 2019 FOOTBALL PAYROLL DEDUCTION OPTIONS

Florida A&M University and State of Florida employees who wish to purchase their FAMU Football Season Ticket Packages through the payroll deduction plan should complete the information below.

Please note: **ONLY** the packages listed below are eligible for the payroll deduction plan.

**Submit FULLY completed original form to your payroll representative and return a copy to: FAMU
Controller's Office | 1700 Lee Hall Drive | 201 FHAC | Tallahassee, FL 32307**

2019 FOOTBALL SEASON TICKETS		PRICE	Qty.	Total
Reserved East or West	One (1) Reserved seat to all 2019 Home Games	\$170		
West Box Seat	One (1) Box Seat for all 2019 Home Games	\$220		
East Box Seat	One (1) Box Seat for all 2019 Home Games	\$205		
2019 INVESTING IN CHAMPIONS		PRICE	Qty.	Total
PLATINUM	(4) Indoor Club (Florida Classic) + (8) North End Zone Passes + (3) Reserved Bragg Parking + (2) Florida Classic Parking + (2) FL Classic AD Suite Tickets + (2) FL Classic Luncheon Tickets + (4) Classic Battle of the Bands + (8) Season Home Tickets	\$7,630		
GOLD	(2) Indoor Club (Florida Classic) + (6) North End Zone Passes + (2) Reserved Bragg Parking + (2) Florida Classic Parking + (2) Classic AD Suite + (2) FL Classic Luncheon Tickets + (4) FL Classic Battle of the Bands + (6) Season Home Tickets +	\$5,130		
SILVER	(2) Indoor Club (Florida Classic) + (4) North End Zone Passes + (1) Reserved Bragg Parking + (1) Florida Classic Parking + (4) Season Home Tickets +	\$2,630		
CHAMPION	(2) North End Zone Passes + (1) Reserved Bragg Parking + (4) Season Home Tickets	\$1,380		
GREEN	(1) Reserved Bragg Parking + (2) Season Home Tickets	\$730		
*Overflow parking will be a Reserved Garage Space if parking is not available in Bragg.			TOTAL	GRAND TOTAL
				\$ _____

**FINAL PAYMENT DEDUCTION MUST BE RECEIVED FOR TICKETS TO BE ISSUED! PLEASE
SELECT ONE PLAN BELOW. PAYROLL DEDUCTION CODE: #574**

____ DEADLINE April 5: Through the Payroll Deduction Plan, I authorize eight (8) equal deductions of \$ _____ per biweekly pay period with all payments being **received by AUGUST 17, 2019.** Signature:

Date: _____

____ DEADLINE June 13: Through the Payroll Deduction Plan, I authorize four (4) equal deductions of \$ _____ per biweekly pay period with all payments being **received by AUGUST 17, 2019.** Signature:

Date: _____

- Monthly Enrollers can only do the four equal payment deductions

Employee ID #: _____

AGENCY: _____

(PLEASE CIRCLE ONE) MR. MRS. MS. DR. NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

EMAIL: _____

WORK PHONE #: _____

ALTERNATE PHONE #: _____