



Quantity	Item	Description	Amount
	Jeans Day	One Day Pass	\$5.00
	Jeans Day	5 Day Pass	\$25.00
	HPX Parking VIP Spot (May '23-Feb. '24)	Single Ticket	\$5.00
	HPX Parking VIP Spot (May '23-Feb. '24)	3 Ticket Pack	\$10.00
	POR Parking VIP Spot (May '23-Feb. '24)	Single Ticket	\$5.00
	POR Parking VIP Spot (May '23-Feb. '24)	3 Ticket Pack	\$10.00
	OU Football Tickets (2) including Parking Passes, & Tailgate Passes (\$600.00 Value)	Single Ticket	\$5.00
	OU Football Tickets (2) including Parking Passes, & Tailgate Passes (\$600.00 Value)	3 Ticket Pack	\$10.00
	Round of Golf for 4 at Jimmie Austin Golf Club (\$420.00 Value)	Single Ticket	\$5.00
	Round of Golf for 4 at Jimmie Austin Golf Club (\$420.00 Value)	3 Ticket Pack	\$10.00
	Dinner for 2 at The Ranch Steakhouse (\$200.00 Value)	Single Ticket	\$5.00
	Dinner for 2 at The Ranch Steakhouse (\$200.00 Value)	3 Ticket Pack	\$10.00
	OKC Dodgers Tickets (4) (\$200.00 Value)	Single Ticket	\$5.00
	OKC Dodgers Tickets (4) (\$200.00 Value)	3 Ticket Pack	\$10.00

Total Amount to be Paid: \$ _____

Payment Form: Cash Check Payroll Deduct (Complete Section Below)

AUTHORIZATION FOR PAYROLL DEDUCTION

Amount deducted per pay period \$ _____ (min. \$20.00) x _____ (max. of 2) pay periods.

NOTE: Any amount less than \$20.00 will be deducted from one paycheck to meet the allowed minimum deduction.

****Deductions will begin immediately****

I authorize Norman Regional Hospital to automatically deduct the amount listed above from my paycheck(s). If I terminate my employment before I have paid the full amount, I agree to have the balance taken out of my final paycheck.

Employee Name (Please Print) _____ Phone: _____

Employee Signature _____ Date: _____

Employee Number _____ Department _____