BUS REQUEST FORM

Bill to (campus or department): _____

Budget # _____

Date(s) of trip: _____

Origin: _____

Specify exact location of pick-up: _____

Destination: _____

Departure time: _____ AM PM

No departures between 5:30-8:30 am due to bus routes

Activity: _____

# of Buses: _____ **# of Passengers:** _____

Return date: _____ **Return time:** _____

Return time must be before 1:30 PM or after 4:30 due to bus routes

Bus type *(check one)* ___Regular ___*Lift Bus Sp Ed ___Transit Bus ___Van – SUV

*Lift bus only:

Wheelchairs: _____ Walk-ons: _____

Requestor: _____ **Date:** _____

Requestor's contact number _____

Administrator Approval: _____ **Date:** _____

Notes:

_____

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