

Transportation Request Form

Please Submit Original and One Copy to Facilities Services

Department

Requested By

Office Extension AND Cell Phone #

Date/Time of Departure

Date/Time of Return

Destination (incl. address, city)

Total # of Passengers per trip

Transporting luggage? equipment?

Estimated Mileage-Required

Driver #1

Driver #2

Driver #3

Number of Vans reserved?

*****All drivers must be approved two weeks prior to trip*****

Passenger List:

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

Approval Required*

Dean, Director or Manager

Facilities Services

Credit Card Issued

Van Assigned

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