Office of the Physical Plant

Bus Request Form

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| --- | --- |
| Date Submitted |  |
| Department |  |
| Department Account # |  |
| Department Chair’s Signature  *(REQUIRED)* |  |
| Division Vice President’s Signature  *(REQUIRED)* |  |

Trip Information

|  |  |  |  |
| --- | --- | --- | --- |
| Departure Date  *(REQUIRED)* |  | Departure Time  *(REQUIRED)* |  |
| Return Date  *(REQUIRED)* |  | Return Time  *(REQUIRED)* |  |
| Contact Name |  | Contact Phone # |  |
| Purpose of Trip |  | | |
| Destination (City)  *(REQUIRED)* |  | | |
| Number of Participants |  |

Notes:

* Contact Terrence Davis, Fleet Coordinator, at extension 7113 with any questions
* Fax completed form to extension 7863 or 8063
* Office hours are 8:00 am to 4:30 pm.