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.