

Travel Service Bus Request

Instructions for completing form

Submit one request per vehicle / service needed.
Complete Section 1. All information must be supplied or request will be returned. Fiscal Officer's signature is required.

Return time should indicate time vehicle will return and be available for rescheduling.

Please attach a separate, complete itinerary with each request.
Submit a signed copy to Travel Service via Campus Mail or fax.
Please retain a completed copy of this request for your files.

Section I

This information furnished by requesting department

Type of Bus

30-Passenger *Handicapped Accessible* 21-Passenger 14-Passenger Tour Tram *Handicapped Accessible*

Other

Sedan w/Driver Driver Only CDL Training Safety Training

Type of Use

Academic Administrative Athletic Student Activities Other (explain) _____

Contact _____
Name _____ *Phone* _____ *Email* _____

Number of Passengers: _____

Purpose of Trip: _____

Departure _____
Place _____ *Date* _____ *Time* _____

Destination _____

Return _____
Place _____ *Date* _____ *Time* _____

Fiscal Officer Signature _____ **Date** _____
required

Additional Administrative Approval _____ **Date** _____

Section II For Travel Service Use Only

V9 — Chargeable Mileage Transaction

Bus No.	Trans. Type	Sub Code	C FY	Begin			End			Reference	B FY	B C	A T	Trans. Amount
				Date	Time	Miles	Date	Time	Miles					
				MMDDYYYY			MMDDYYYY						\$.	

V5 — Chargeable Non-Mileage Transaction

Bus No.	Trans. Type	Sub Code	I/E Code	Trans Date (End Date) MMDDYYYY	Reference	Trans. Amount	Units	Assn. Type	Account	Object	B C	BFY
						\$.		07				
						\$.		07				
						\$.		07				
						\$.		07				

Driver(s) _____

Travel Service Request Approval _____

Date Confirmed _____

Entered By _____ **Date** _____