

Request for Bus Transportation

Date Submitted: _____ Date of Trip: _____ Overnight: Yes or No

Campus: Fayette _____ Jasper _____ Other: _____
Hamilton _____ Sumiton _____

Program/Activity/Event: _____

Requestor: Name: _____
Phone: Home _____ Office _____ Cell _____

Number of Participants: _____

Destination: _____

City _____ State _____

Departure Time: _____ Time Event Begins: _____

Specific Pick-up Location: _____

Time Leaving Event: _____ Estimated Return Time: _____

I agree to enforce all rules regarding the use and care of the Bevill State bus. I understand that violations may result in the loss of bus privileges. I will be responsible for any damages incurred as a result of rule violations.

Requestor's Signature

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For Office Use Only

Usage approved by: _____
Director of Facilities Services DateVehicle Assigned: _____
Bus Driver Assigned: _____

Comments/Changes: Director of Facilities Services Notified: Yes or No

