

Transportation Form Request

Transportation Department

Date: _____ Trip Date: _____ Day: _____

Destination: _____ Full Address: _____

Departure Time: _____ Arrival Time: _____ Pick-up Point: _____

Departure Time: _____ Return Time: _____ Return Point: _____

Vehicle Type: _____ Wheelchair Accessible: YES NO

Contact Person: _____ Driver Necessary : YES NO

Department: _____ Account Number: _____

Telephone/TTY Number: _____

Person Supervising Trip: _____

Number of Passengers: _____ Adults: _____ Children: _____

1. The responsible budget unit head must sign this form.
2. All traffic fines are the responsibility of the driver.
3. User department is responsible for payment of charges resulting from an accident and/or other damage to the vehicle that is not covered by insurance.
4. Weekday trip cancellations must be made four (4) hours prior to the trip start time. Weekend trip cancellation must be made by 2 p.m. Friday afternoon. Trips not cancelled will be assessed a \$70 cancellation fee.

BUDGET UNIT HEAD SIGNATURE: _____

DRIVER'S TRIP REPORT

Vehicle No. _____ Type: _____ Credit Card No. _____

Time Log: Start Time: _____ a.m./p.m. Mileage: End Trip: _____

Arrival Time: _____ a.m./p.m. Start Trip: _____

Departure Time: _____ a.m./p.m. Total Mileage: _____

Return Time: _____ a.m./p.m.

Signature for Verification: _____ The person signing this form understands that he/she is entrusted with the safe operation of this motor vehicle and further attests that he/she will be the only driver of this motor vehicle

Driver: _____ Group Leader: _____

ACTUAL CHARGES

Driver: _____ Hours @ \$ _____ \$ _____

Vehicle Use: _____ Full Day @ \$ _____ \$ _____
 Half Day

Mileage: _____ Miles @ \$ _____ \$ _____

Additional Charges (food, tolls, hotel, etc.) \$ _____

Cancellation Fee: \$ _____

Trip Total : = \$ _____

This original of this form must be submitted to the Transportation Department. Department should make copies for their records.