



# UNIVERSITY OF ROCHESTER COLLEGE CHARTER BUS SERVICES REQUEST FORM

*There is a seven business day minimum for a request to be submitted. Request for coach buses should be made at least one month in advance. There will be additional fees for last minute arrangements outside of the required time frame. Payment must be received in order to confirm requests.*

<b><u>CHECK ONE</u></b>	
Request and Reserve:	<input type="checkbox"/>
Quote Only:	<input type="checkbox"/>

Today's Date: _____	Event Name: _____
Your Name: _____	Event Date: _____
Dept. / Student Org.: _____	Number of Buses: _____
Your Phone: _____	Number of People: _____
Your Cell Phone: _____	Destination: _____
Your Fax: _____	Destination Address: _____
Your E-mail: _____	_____

**Type of Transportation Needed:** Small Shuttle:  Large Shuttle:  Bus:  Coach:

**If student group is requesting transportation services, please list the advisors information below.**

Advisor's Signature: \_\_\_\_\_ Advisor's Name: \_\_\_\_\_

**ROUND-TRIP**

Pick-up Location/Address: \_\_\_\_\_  
\_\_\_\_\_

Bus Arrival Time: \_\_\_\_\_

Departure Time: \_\_\_\_\_

Drop-off Location/Address: \_\_\_\_\_  
\_\_\_\_\_

Departure time from Venue Site: \_\_\_\_\_

**CONTINUOUS LOOP**

Pick-up Location/Address: \_\_\_\_\_  
\_\_\_\_\_

Bus Arrival Time: \_\_\_\_\_

First Departure Time: \_\_\_\_\_

Drop-off Location/Address: \_\_\_\_\_  
\_\_\_\_\_

Shuttle should run approximately every \_\_\_\_\_ minutes.

Time of Final Pick-up at Venue Site: \_\_\_\_\_

**PLEASE CHECK ALL THAT APPLY**

Shuttle Service is For: Staff/Faculty  Students  Other Department or Group

Social Event:  Academic Event:  Cultural Event:  Sporting Event:  Community Service Event:

Other Event:  Baggage/Equipment:

**\* ADDITIONAL ROUTE NOTES: PLEASE ATTACH ADDITIONAL NOTES OR INSTRUCTIONS ON A SEPARATE SHEET.**

**TRANSPORTATION COORDINATOR USE ONLY**      MONROE      FIRST TRANSIT      OTHER

UR Invoice Tracking #	Service Provider:	Bus type:	Confirmed: YES / NO
Additional fees: \$ late booking, cleanup, damages	Cost Per Vehicle\$ Total Cost: \$	Payment: \$ Req/Check: #	Cancellation Date: Cancellation Fee: \$

SUBMIT COMPLETED FORM TO THE COMMON CONNECTION OR TO BEVERLY BUSCEMI, RM 1011 RUTH MERRILL CENTER, WILSON COMMONS, [beverly.buscemi@rochester.edu](mailto:beverly.buscemi@rochester.edu), Fax 276-2433



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