UNIVERSITY OF ROCHESTER
COLLEGE CHARTER BUS SERVICES REQUEST FORM

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 advisor’s information below.
Advisor Name: ________________________________ Advisor Email: ________________________________
Advisor Signature: ________________________________

IF ONE ROUND-TRIP
Pick-up Location/Address
Bus Arrival Time:
Departure Time
Drop-off Location/Address:
Departure time from Venue Site

IF CONTINUOUS LOOP
Pick-up Location/Address:
Bus Arrival Time:
Departure Time:
Drop-off Location/Address:
Shuttle should run approximately every ___ minutes
Last pickup from departure time:

PLEASE CHECK ALL THAT APPLY
Shuttle Service is For: Staff/Faculty [ ] Students [ ] Other Department or Group [ ] Athletics [ ]
Social Event: [ ] Academic Event: [ ] Cultural Event: [ ] Sporting Event: [ ] Community Service Event: [ ]
Other Event: [ ] Baggage/Equipment: [ ] **Bar Night 21& over [ ] **Bar Night Over/Under [ ]
**Please see your advisor for more information and a Bar Night Terms of Agreement Form

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

TRANSPORTATION COORDINATOR USE
UR Invoice Tracking #: Service Provider: Bus type: Confirmed: YES / NO
Number of Vehicles Used: Total Cost: $ Payment Due By: Cancellation Date:
Requisition / Check #: Invoice #: Invoice Payment Date: Cancellation Fee: $

SUBMIT COMPLETED FORM TO THE COMMON CONNECTION OR TO BEVERLY BUSCEMI,
RM 101I RUTH MERRILL CENTER, WILSON COMMONS, beverly.buscemi@rochester.edu, Fax 276-2433
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