



# 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.*

**CHECK ONE**  
 Request and Reserve:   
 Quote Only:

**PRINT ALL INFORMATION CLEARLY**

Today's Date:

Your Name

Dept. / Student Org.:

Your Phone:

Your Cell Phone:

Your Fax:

Your E-mail:

**UR Invoice Tracking #**

Event Name:

Event Date:

Number of Buses:

Number of People:

Destination:

Destination Address:

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

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

Advisor Name: \_\_\_\_\_ Advisor Email: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_

**ROUND TRIP**

Pickup location:

Bus Arrival Time:

Departure Time:

Drop-off Location:

Last pickup from venue

**CONTINUOUS LOOP**

Pick-up Location:

Bus Arrival Time:

Departure Time:

Drop off location:

Loop times:

Last pickup from venue:

**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

*\*\*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**

Service Provider:	Bus type:	Number of Vehicles Used:	Total Cost: \$
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