



**BUS REQUEST FORM**

**SUNY Cortland Facilities Operations and Services**

**Transportation Office**

**Service Group – (607)753-2129**

**Instructions**

* It is advised that you contact the Transportation Office prior to submitting your request to check bus availability.
* Please complete your request and submit to **SGA Treasurer at least fifteen (15) business days** prior to the event.

(this only applies to student organizations).

* The **Transportation Office** requires this form to be received **ten (10) business days** prior to the event.
* **Buses will *only* be scheduled with a completed Bus Request Form.**
* Buses are generally available for use between **6am and midnight**.
* Destinations must be within a **200 mile radius of campus**.
* Passengers must be university affiliated.

***Departure Return***

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_ AM/PM Date \_\_\_\_\_\_\_\_\_\_\_ Time of departure \_\_\_\_\_\_\_\_\_ AM/PM**

**Campus Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pick-up Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Destination: Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Establishment City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Campus drop-off location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Student Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Purpose of Trip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of Passengers \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Account # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (required)**

***Bus Administrator Estimate your cost:***

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of round-trip miles \_\_\_\_\_\_ X $2.00 = $ \_\_\_\_\_\_\_**

**Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (400 miles, maximum)

+

**Cell phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NDT in hours \_\_\_\_\_\_\_X $25.00 = $ \_\_\_\_\_\_\_**

**E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** NDT (Non-driving time) = Time between reaching each destination departure from same.

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of person submitting request \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Estimated Cost: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Requestor’s E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Vehicle Request Approved as Official University Business**

**SGA Treasurer Approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Vice President Approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TRANSPORTATION OFFICE USE FOR BUSINESS USE: Recharge/Billing Information**

**Non-driving time (billed @$35/hour):**

**Start: \_\_\_\_\_ Stop: \_\_\_\_\_\_ Start: \_\_\_\_\_ Stop: \_\_\_\_\_ Actual miles \_\_\_\_\_\_\_\_\_ X $2.00 $\_\_\_\_\_\_\_\_\_\_\_**

**Start: \_\_\_\_\_ Stop: \_\_\_\_\_\_ Start: \_\_\_\_\_ Stop: \_\_\_\_\_ NDT in hours \_\_\_\_\_\_\_\_\_ X $25.00 $\_\_\_\_\_\_\_\_\_\_\_**

**Start: \_\_\_\_\_ Stop: \_\_\_\_\_\_ Start: \_\_\_\_\_ Stop: \_\_\_\_\_ Total Amount of Recharge $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Starting mileage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Ending mileage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total mileage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Driver’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bus # \_\_\_\_\_\_**

***busrequestform.2016***