

# Ball State University Bus Requisition

Transportation Use Only

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## Contact Information (Please type or print)

Date Received

Confirmed UB Number

Name (person submitting request)

Responsible University Employee Accompanying Group

Email Address

Phone#

Email Address

Cell Phone#

Department

Group or Organization

-  - 738030 -

FOAPAL to be Charged

## Trip Information (attach separate sheet listing names of all passengers)

Is accessible equipment needed?

Yes

No

Is luggage spaced needed?

Yes

No

Purpose of Trip

Estimated # passengers  
NO PASSENGERS UNDER AGE 5

# of Buses

Primary Destination

Address of Primary Destination

### Departure Information

Departure Day SU M T W TH F SA

Departure Date

Bus Report Time

AM PM

Bus Leave Time

AM PM

### Return Information

Return Day SU M T W TH F SA

Return Date

Anticipated Arrival Time

Ball State Campus

AM PM

Initial Pickup Location

List all planned stops, preferred routes, and driver instructions. Attach additional sheets if needed.

**Certification:** Unless otherwise arranged, all charges will be based on actual miles driven and/or hours required to complete all parts of this trip. A list of passengers for this trip must be provided to the bus driver prior to departure. The vehicle will be used only for authorized Ball State University activities.

Signature of Unit Head

Date

Signature of Dean or Vice President

Date

Printed Name

Printed Name

## For Transportation Use Only

Driver Assigned

Bus # Assigned

JV#

Date Entered

Driver In

Ending

Odometer Reading

Driver Out

Beginning

# Hours

Total Miles

### AMOUNT BILLED

\$

Miles  
Hours

Actual # Passengers