

# Ball State University Bus Requisition

Please submit to: busoperations@bsu.edu

Transportation Use Only	Transportation Use Only
Date Received	Confirmed UB Number

## Contact Information (Please type or print)

Name (person submitting request) \_\_\_\_\_ Responsible University Employee Accompanying Group \_\_\_\_\_

Email Address \_\_\_\_\_ Phone# \_\_\_\_\_ Email Address \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Department \_\_\_\_\_ Group or Organization  
 -  -  -  -   
 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 \_\_\_\_\_ # 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 \_\_\_\_\_ AM PM  
 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 _____	<b>AMOUNT BILLED</b> \$ _____ Miles Hours Actual # Passengers _____	
Driver Out _____	Beginning _____		
# Hours _____	Total Miles _____		