BUS RESERVATION FORM
Phone: (302) 857-6274 Fax: (302) 857-6277

PLEASE COMPLETE EVERY LINE

DEPARTMENT ________________________ DEPT # _____ PHONE _________ FAX ____________

DESTINATION ________________________ PURPOSE ________________________________

Weekday _____ Weekend _____ Overnight _____

BILL TO DEPT # __________ PO# ______________ AMOUNT OF PO $__________________

DEPARTURE DATE _______________ TIME OF PICK UP ________ AM  PM

RETURN DATE ___________________ TIME OF TURN IN ________ AM  PM

Pickup Location: ____________________________________________

Review Information Bullets…

• Bus holds 47 passengers.
• Bus DOES NOT have a restroom.
• Bus will only travel 500 miles round trip or less.
• If travel involves overnight stay, department is responsible for driver accommodations.
• Driver meal/meals are covered by the department. (If department stop for meals)
• Bus is used for Official DSU Business only.
• All trash MUST be removed from bus.
• Department will be billed after each trip.
• Driver and Customer can discuss stops for breaks, if needed.

All request are handled on a first come, first serve basis.

___________________________________________    _______________
Signature of approving authority       Title