

Travel Service Bus Request

Phone 453.3357
 Fax 453.3377
 Email travel@pso.siu.edu

Instructions for completing form

Submit one request per vehicle / service needed.
 Complete Section 1. All information must be supplied or request will be returned. Fiscal Officer's signature is required.

Return time should indicate time vehicle will return and be available for rescheduling.
 Please attach a separate, complete itinerary with each request.
 Submit a signed copy to Travel Service via Campus Mail or fax.
 Please retain a completed copy of this request for your files.

Section I

This information furnished by requesting department and must be complete before a vehicle is assigned.

Type of Bus

30-Passenger 21-Passenger 23-Passenger 14-Passenger Tour Tram
Handicapped Accessible Handicapped Accessible

Account Title _____

Other

Sedan w/Driver Driver Only CDL Training Activity Bus Training

AIS Acct.# +
 Budget Purpose Dept. Act. 1 Dept. Act. 2 Object

Type of Use

Academic Administrative Athletic Student Activities Other (explain) _____

Contact _____
Name Phone Email

Number of Passengers: _____

Purpose of Trip: _____

Departure _____
Place Date Time

Destination _____

Return _____
Place Date Time

Fiscal Officer Signature _____ Date _____
required

Additional Administrative Approval _____ Date _____

Section II For Travel Service Use Only

V9 — Chargeable Mileage Transaction

Bus No.	Trans. Type	Sub Code	C FY	Begin			End			Reference	B FY	B C	A T	Trans. Amount
				Date	Time	Miles	Date	Time	Miles					
				MMDDYYYY			MMDDYYYY						\$.	

V5 — Chargeable Non-Mileage Transaction

Bus No.	Trans. Type	Sub Code	I/E Code	Trans Date (End Date) MMDDYYYY	Reference	Trans. Amount	Units	Assn. Type	Account	Object	B C	BFY
						\$.		07				
						\$.		07				
						\$.		07				
						\$.		07				

Driver(s) _____

Travel Service Request Approval _____

Date Confirmed _____

Entered By _____ Date _____