



**Bus Reservation/Itinerary Form**

Fall-Spring

**Instructor:** \_\_\_\_\_ **Cell Phone (required):** \_\_\_\_\_

**Class/Activity:** \_\_\_\_\_

**Specify Audio/Video needs:** \_\_\_\_\_ **Specify ADA needs:** \_\_\_\_\_

**Number of Passengers:** \_\_\_\_\_ **Specify type of equipment/luggage:** \_\_\_\_\_

**Bus Size Requested (see flyer describing equipment in each):** 15 \_\_\_ 24 \_\_\_ 28 \_\_\_ 33 \_\_\_ 47-56 \_\_\_

**Note:** If bus is required to stay overnight, College is responsible to book and pay for driver room.

**Detailed Itinerary attached:** \_\_\_Y \_\_\_N **Additional information attached:** \_\_\_Y \_\_\_N

<b>Boarding Location (include address and city):</b> _____ <b>Destination (include address and city):</b> _____ <b>Bus to stay overnight with party:</b> ___Y ___N <b>Departure Date:</b> _____ <b>Departure Time:</b> _____
<b>Boarding Location (include address and city):</b> _____ <b>Destination (include address and city):</b> _____ <b>Bus to stay overnight with party:</b> ___Y ___N <b>Departure Date:</b> _____ <b>Departure Time:</b> _____
<b>Boarding Location (include address and city):</b> _____ <b>Destination (include address and city):</b> _____ <b>Bus to stay overnight with party:</b> ___Y ___N <b>Departure Date:</b> _____ <b>Departure Time:</b> _____
<b>Boarding Location (include address and city):</b> _____ <b>Destination (include address and city):</b> _____ <b>Bus to stay overnight with party:</b> ___Y ___N <b>Departure Date:</b> _____ <b>Departure Time:</b> _____
<b>Special Instructions for Driver:</b> _____ _____ _____

**Estimated Quote:** \$ \_\_\_\_\_

<b>1. Funding Source:</b>	_____	_____	_____	_____	_____	_____
	Acct.	Fund	Org.	Program	By	Proj/Grnt
<b>2. Funding Source:</b>	_____	_____	_____	_____	_____	_____
	Acct.	Fund	Org.	Program	By	Proj/Grnt

**Reservation number:** \_\_\_\_\_ *(Trip Sheet to follow)*

*Verification of receipt of cost estimate and authorization of booking/expenditure:*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_