

ADELPHI UNIVERSITY
DEPARTMENT OF PUBLIC SAFETY & TRANSPORTATION
TRANSPORTATION REQUEST FORM

REQUESTED BY: _____ DATE SUBMITTED: _____

DEPARTMENT: _____ EXT: _____ FAX: _____

DESTINATION: _____
(Directions must be provided)

DEPARTURE DATE: _____ TIME: _____ P/U LOCATION: _____

RETURN DATE: _____ TIME: _____ D/O LOCATION: _____

**Name of person responsible during trip: _____ CELL # _____

PASSENGERS: _____ (*MUST PROVIDE A PASSENGER LIST*)

PUBLIC SAFETY DRIVER REQUIRED: Yes: _____ No: _____

Account number to be charged: _____ (Must include object code)

Department Account Authorized Signature: _____

Account number to be credited: _____ 1-1913-4551

***IF PROVIDING YOUR OWN DRIVER:**

1. Contact Office of Business Affairs Extension 3240 (license must be approved and copy on file).
2. Have Business Affairs sign below.
3. Upon return from trip, interior of vehicle must be cleaned out of all garbage, swept and refueled by person responsible for trip.
This is subject to cleaning expense and fuel charge if not adhered to.

Business Affairs Authorized Signature: _____

VEHICLE RENTAL INFORMATION

*ALL TOLLS WILL BE BILLED TO REQUESTING DEPARTMENT

**ALL PARKING FEES AND ADDITIONAL GAS NEEDS ARE TO BE PAID AS NEEDED BY PERSON RESPONSIBLE FOR TRIP

*** SUBJECT TO CLEANING EXPENSE- PERSON RESPONSIBLE FOR TRIP MUST WAIT FOR VEHICLE TO BE INSPECTED BY DRIVER UPON RETURN

Submit this form to: Transportation Manager Department of Public Safety (Levermore Hall LL)

Form will be faxed back with driver information as confirmation.

DO NOT FILL IN ANYTHING BELOW THIS LINE

FOR PUBLIC SAFETY OFFICE USE ONLY

Van Rental Fee (\$50.00 per Vehicle) MAX 14 Passengers \$ _____

Bus Rental Fee (\$100.00 per Vehicle) MAX 40 Passengers \$ _____

*Toll {**Parking, Gas Charges if not paid during trip} \$ _____

Cost per Driver (*If applicable)
Hours worked _____ X Cost per hour \$ _____ X # of drivers _____ \$ _____
(Cost may vary per driver)

Meal Allowance \$10.00 (Applicable when working 8 or more hours) \$ _____

*** Cleaning Expense (if necessary) \$50.00 \$ _____

TOTAL COST \$ _____

DRIVER(S): _____

DRIVERS CONTACT # (CELL) _____

Approved: _____ Date: _____

Authorization sent to booth: _____ Date: _____

Information copied to driver: _____ Date: _____

Sent to AP for transfer of funds: _____ Date: _____