



Bus Reservation Request

(This form will not be accepted unless it is filled out completely)

Date Submitted: _____

Club/Organization/Department Name: _____

Contact Information

Submitted By: _____

Contact Name: _____ **Contact Title:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone #: _____ **Cell Phone:** _____ **Email:** _____

Secondary Contact Name: _____

Phone #: _____ **Cell Phone:** _____ **Email:** _____

Trip Leader: _____ **Student** **Faculty** **Staff**

Account Information

Club/Organization/Department: _____ **Index #:** _____

Trip Description

Trip Destination: _____

Purpose of Trip: _____

Start Date: _____ **Time of Pickup:** _____

Location of passenger pickup: _____

End Date: _____ **Estimated Return Time to Cheney:** _____

Number of Passengers: _____

Trip Itinerary must be attached for trip request to be approved

Other Trip Comments: _____

Submitting Instructions

Please fill out the form (all fields are set to be filled out electronically) and email to mcampitelli@ewu.edu or lhays@ewu.edu or mail to URC 201, Attn: Mike or Laurie. You will be contacted to confirm the information and be provided a Trip Confirmation for your records. Any change to above trip must be made a minimum of 5 days in advance or the full charge will be assessed to the index #.