

AG BUS REQUEST



DEPARTMENT NAME: _____

DEPARTMENT #: _____

ACCOUNT# *include user code if applicable* : _____

AUTHORIZING NAME: _____

UK MOTOR POOL
1505 COLLEGE WAY
LEXINGTON, KY
40502-2366

Phone: 859.257.3119
Fax: 859.323.5585

www2.ca.uky.edu/fm/vehiclereservations

TRIP INFORMATION

Pickup Date: _____ Time: _____ a.m. p.m.

Return Date: _____ Time: _____ a.m. p.m.

Pickup Location: _____

Drop Off Location: _____

of Passengers: _____

Destination: _____

Purpose of Trip: _____

CONTACT INFORMATION

Name: _____

Phone: _____

Email: _____

Trip Details:

OFFICE USE ONLY

1. Depart Time: _____ 3. Depart Time: _____ Odometer Out: _____
Return Time: _____ Return Time: _____ Odometer In: _____

2. Depart Time: _____ 4. Depart Time: _____
Return Time: _____ Return Time: _____ Bus #: _____

Driver: _____ Reservation # _____