

BUS REQUEST

DEPARTMENT NAME _____

DEPARTMENT # _____

ACCOUNT # using user code if applicable _____

AUTHORIZING NAME _____

1505 COLLEGE WAY
LEXINGTON, KY 40502-2366
859.257.3119 office
859.323.5585 fax

www2.ca.uky.edu/fm/vehiclereservations

TRIP INFORMATION

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

Return Date _____ Return 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 _____ 2. Depart Time _____ BUS # _____

2. Return Time _____ 2. Return Time _____ RESERV.# _____

ODOM OUT _____

ODOM IN _____ Driver _____