

**EASTERN KENTUCKY UNIVERSITY
TRANSPORTATION REQUEST FORM**

ALL FIELDS MUST BE ACCURATELY COMPLETED OR FORM WILL BE REJECTED. NO "TBA" OR "UNKNOWN AT THIS TIME" WILL BE ACCEPTED.

Date: _____

Reference # U _____

Account Number to Be Charged: _____ Estimated Cost: _____

Destination _____

Division, College, Dept. or Group to be charged _____

Purpose of Travel _____

Number of Vans _____ Number of Sedans _____

Departure Date: _____ Time: _____ a.m./p.m.

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

*Drivers: _____

Pickup Location:

Packets: Parking and Transportation Office or Dispatch with ECU Police.

Vehicle Pickup behind Mattox Hall

Vehicle Return behind Mattox Hall

Requested by: _____

Contact # _____ Office

Contact # _____ Cell

Authorized by: _____

Department Chairman or Director

****You may e-mail this to parking@eku.edu or mail to Parking and Transportation Mattox Hall Suite A. A confirmation letter of approval or disapproval will be emailed to you.****

(This Space for Transportation Services Only)

Approved By: _____ Disapproved By: _____

E. K. U. Vehicle(s) Assigned: _____

Account Number Credited: _____

(This Space for Accounts use only)

Encumbered By: _____ Date: _____

Charged By: _____ Date: _____

All DRIVERS MUST BE LISTED AT THE TIME OF REQUEST AND MUST BE ECU EMPLOYEES.