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 EKU Police.

Vehicle Pickup behind Mattox Hall

Vehicle Return behind Mattox Hall

Requested by: ______________________
Contact # ________________________
Office

Authorized by: ___________________
Department Chairman or Director

Contact # ________________________
Cell

**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 EKU EMPLOYEES.