

Date Faxed: _____
SALD Staff Member Initials: _____

UC Department of Transportation

Request for School Bus, Charter Bus or Mini Shuttle Price Quote

School Bus _____ Highway Coach(47 pass. _____, 54,55 pass. _____) _____ Mini Shuttle(20passenger) _____

Department/Group _____

Contact Person/Phone number _____

Number of People Traveling _____

Time and Date of Departure/Pick up _____

Time and Date of Return _____

Pick up Location _____

Name and Address of location traveling to (including hotel and playing location/field/facility): _____

Will stops be made along the way? YES _____ NO _____

If yes, explain _____

Will the bus be needed during stay? YES _____ NO _____

If yes, please provide a detailed itinerary of times and locations you will need transportation to: _____

Will this be a continuous shuttle? _____

If so, for how long? _____

Please forward to Tina Galloway(gallowcm@uc.edu) or fax 556-5173 or call 556-3146.