

**EASTERN KENTUCKY UNIVERSITY
TRANSPORTATION REQUEST FORM**

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

Date: _____

Reference # U _____

Account Number to Be Charged: _____

Destination: _____

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

Purpose of Travel: _____

Number of Vans Requested: _____

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

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

***Drivers: ALL DRIVERS MUST BE LISTED AT THE TIME OF REQUEST, MUST BE EKU EMPLOYEES (FACULTY, STAFF OR STUDENT), AND MUST HAVE AN APPROVED MVR RELEASE FORM ON FILE IN THE PARKING AND TRANSPORTATION OFFICE.**

_____	Cell Phone #: _____
_____	Cell Phone #: _____
_____	Cell Phone #: _____
_____	Cell Phone #: _____

Packet Pickup: 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 Chair or Director

You may e-mail this form to parking@eku.edu or mail to Parking & Transportation Commonwealth Hall, 2nd Floor, 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: _____