

**Eastern Kentucky University
Transportation Request Form**

All fields must be accurately completed on the form or request will be rejected. No "TBA" or "Unknown" will be accepted

Date _____
Account number to be charged _____
Destination _____
Dept. charged _____
Purpose of Travel _____
Number of Vans Requested _____

Departure Date _____ **Time** _____
Return Date _____ **Time** _____

***Drivers: All drivers must be listed at time of request, must be an EKU employee, and must have a MVR release form and completed van training on file with our office.**

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

Packet Pickup: Parking Office or EKU Dispatch
Packet Return: Commonwealth drop box unless otherwise specified
Vehicle Pickup/ Drop off: Commonwealth E lot

Requested by _____ **Contact #** _____

Authorized by _____
Department Chair or Director

You may email this form to parking@eku.edu. A Confirmation email will be sent.

(For Parking Service use only)	
Received By _____	Vans Assigned _____
Reference # _____	

(For Accounts use only)	
Encumbered by _____	Date _____
Charged by _____	Date _____