

**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 # _____

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 ECU EMPLOYEES (FACULTY, STAFF OR STUDENT), AND MUST HAVE A 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 ECU Police.

Vehicle Pickup: Commonwealth Hall

Vehicle Return: Commonwealth Hall

Requested by: _____

Contact # _____ Office

Contact # _____ Cell

Authorized by: _____

Department Chair or Director

You may e-mail this form to parking@eku.edu or mail to Parking and Transportation Commonwealth 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: _____