

SCHOOL BUS REQUEST FORM
Saint Joseph's University Travel Office
610-660-1316 610-660-3358 (Fax)
travel@sju.edu

Please complete this form in its entirety and fax or email to the travel office for processing. Forms missing information cannot be processed. Forms must be submitted 5 business days prior to the trip date.

Name of Group: _____

SJU Budget Number: Fund _____ Organization _____ Account _____

Activity (if applicable): _____

Group Leader: _____

Cell Phone # for Leader: _____

Departure Date: _____ Departure Time: _____

Departure Location: _____ Mandeville Lot _____ Fieldhouse (Hagan Arena)

_____ Cardinal Avenue _____ Other – please list below

Departure Address: _____

Return Date: _____ Departure Time: _____

Number of Buses: _____

Number of Passengers: _____

Full Name and Address of Destination

(If Airport transfers, please provide Airline details for departing and arriving flights):

All confirmations will be sent via email.

Please provide your email address: _____

This form must be signed by the SJU employee authorizing this trip. If the form is not signed, reservations cannot be confirmed.

Signature of Authorization: _____