

**Transportation Services  
Charter Bus Request Form**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_ Dept. Account #: \_\_\_\_\_

Dept. Location: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Date Service Required: \_\_\_\_\_ Total Number of Passengers: \_\_\_\_\_

Pick-up Time: \_\_\_\_\_

Location of Pickup: \_\_\_\_\_  
(Please include cross street and/or avenue)

Drop-off Time: \_\_\_\_\_

Location of Drop-Off: \_\_\_\_\_  
(Please include cross street and/or avenue)

Special Requests: \_\_\_\_\_

Contact's Name : \_\_\_\_\_ Phone/Cell Number: \_\_\_\_\_

Vehicle Type

49 Passenger Bus:       36 Passenger Bus:       11 Passenger Van:

Disability Enabled:    YES:       NO:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please notify Transportation Dept. of any change in information supplied on this application. Also, please be advised that Transportation Dept. must be notified within 48 hours of any cancellation. Total amount will be charge if notification is not given.

**Return completed form to:  
Romulus Murrell  
Transportation- Administrative Services Dept.  
2950 Broadway  
Journalism Bldg. RM 106  
Tel: 212-854-2983  
Fax: 212-854-4421  
transportation@columbia.edu**

-----  
*For Transportation Department Use only*

Confirmation No. \_\_\_\_\_

Total Amount Due. \$ \_\_\_\_\_