



Department _____ Conf No. _____

Requested By _____ Speed Code _____

Email Address _____ Telephone _____

Purpose of Trip	
-----------------	--

BUS INFORMATION

Date Out (departure)		Time Out (departure)	
Date In (Return)		Return Time (leaving site)	

PICKUP LOCATION

- Stadium Car Park
 Northern Jubilee Auditorium
 Lot E – Biological Sciences
 Lot U – HUB Mall
 NREF – Along 116 St
 Telus/Law - Along 89 Ave
 Off Campus (Please Specify): _____

It is the Department's responsibility to supply a Completed Itinerary to Transportation Services at least one week prior to departure for all Charter buses that are traveling out of town. If the itinerary is not received, Transportation Services cannot ensure that the bus booking details will be correct.

(If you require more space for multiple locations attach an itinerary on a separate page)

If available, is the bus required to stay? Yes No

Bus Styles: School Bus Coach Bus

Point(s) of Interest Stops (include city or town)

PASSENGER INFORMATION

Number of Passengers: _____

Group Contact Name: _____

Group Contact Cell #: _____

Authorized by: _____

Signature

Telephone No: _____