



Fleet Bus Pool Use Request Form

Reservation ID#: _____

Department Name: _____

Department Org Number: _____

Select which bus to use depending on the number of passengers:

Bus 6302 – 45 Passenger _____ (*Under Body Storage*)

Bus 6303 – 38 Passenger _____ (*Wheel Chair Lift*)

Date/ Time Booked: ___/___/___ ___: ___ AM/PM

Date/ Time Required: ___/___/___ ___: ___ AM/PM

Date/ Time Returned: ___/___/___ ___: ___ AM/PM

Person Requesting Usage: _____

Authorized Bus Driver: _____

Trip Destination: _____

Justification for trip:

Department Head Signature: _____ Date: _____

APPROVALS

- All bus requests for the 38/45 buses must be approved by Al Curtis, Fleet Director.

Approved _____ Disapproved _____

Al Curtis, Fleet Director _____ Date _____