



ACADEMY of ART UNIVERSITY

TRANSPORTATION REQUEST

- *This request must be:* 1) filled out completely;
- 2) approved and signed by your department director;
- 3) submitted at least **two weeks before the date of trip.**

- *Submit accomplished request to **Transportation Group, Operations Department, Rm. 225, 79 New Montgomery, or fax it to 415-263-4107.***

All class field trips must be accompanied by an instructor.

Today's Date / / Date of Trip / / Alternate Date(s) / /
 / /

Trip Category

Class Field Trip Airport/Hotel Pick-Up/Drop-Off Special Trip

Recruitment Campus Tour Excursion Other _____
(SPECIFY)

Special Event Shuttle _____
NAME OF EVENT

Requested By _____ **Phone** _____ - _____
PREFIX EXTENSION

Department _____ **Department Code** _____

For _____
INSTRUCTOR COURSE TITLE COURSE NO.

Pick-up Location _____ **Start Time** _____ **Number of Passengers** _____ **Wheelchair Accessible Vehicle?** YES

Destination _____ **End Time** _____ **+** **END OF TRIP: DROP-OFF/ARRIVAL AT PICK UP LOCATION**

NAME OF PLACE, LOCATION, BUILDING, ETC.

STREET ADDRESS CITY STATE

*Notes, other specifics, special needs/instructions, etc. ****

Approved by _____
DIRECTOR'S NAME (PRINTED) DIRECTOR'S SIGNATURE DATE

*** A notice of one week is required for time changes. *** Due to scheduling constraints, some requests may not be granted or buses may not be able to stand by for the duration of your trip.

TRANSPORTATION GROUP

ROOM 225 _ 79 NEW MONTGOMERY _ PHONE 415-263-8829 _ FAX 415-263-4107