

Transportation Request Form

Event Name: _____

Requesting Department: _____

Event Destination: _____

Contact Name: _____

Equipment Type Requested: _____

Interoffice Mail Address: _____

Number of Passengers: _____

Email Address: _____

Departure Date/Time: _____

FOAPAL (Required): _____

Return Date/Time: _____

Pickup Location: _____

Special Requirements: _____

*Itinerary: _____

**Please give an estimated itinerary for planning purposes. An actual itinerary must be submitted within 72 hours of the event.*

***University of South Alabama buses will be used when available or a combination thereof. If the USA buses are not available due to Athletics needs or mechanical issues, a charter company will be used.*

Request Form. This form shall be completed by the *requesting department* and E-mailed to transportation@southalabama.edu for review and comment. A response will be emailed back within 5 working days.