



## OFF-CAMPUS TRIP REQUEST FOR UMES TRANSPORTATION

### SECTION 1: PURPOSE OF TRIP

Name of Group Traveling:

\_\_\_\_\_

Contact Person:

\_\_\_\_\_

Phone:

\_\_\_\_\_

Person In Charge Traveling with Group:

\_\_\_\_\_

Phone:

\_\_\_\_\_

Reason for Trip:

\_\_\_\_\_

Destination:

\_\_\_\_\_

CITY

STATE

ZIP

### SECTION 2: TRANSPORTATION

Type of UMES transportation requested: VAN  CAR  MINI BUS

UMES Driver Requested? Yes  No

Charter Service:

\_\_\_\_\_

Name of Company

Departure: Leaving Campus:

\_\_\_\_\_

Date and time

Return: Leaving Destination:

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Date and time

ACCOUNT NUMBER TO BE BILLED: \_\_\_\_\_

### SECTION 3: SIGNATURES (REQUIRED)

#### Requestor

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Name

#### Approver

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Name (Dept. Chair/Dean/VP)

#### Administration/Finance

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Name

**When completed, send form via HelloSign to Sherrell McBride or Beatrice Wright and copy Sheila Curtis and Jicola Sturgis.**