



University Transit

Reservation Request

Department: _____

Contact Person(s): _____

Phone Number(s): _____ E-mail: _____

Billing Mail Stop/Address: _____

BANNER Account: _____

Fund

Org

Program

Event Date(s): _____ # of Shuttles: _____

Name of Event: _____

Pick-Up Time: _____ Pick-Up Location: _____

Drop-Off Time: _____ Drop-Off Location: _____

Additional Remarks or Itinerary Information:

I understand:

- all rentals are subject to the approval by the Director or appropriate staff.
- prompt payment is required in order to prevent my account from being placed on hold.

Signature

Date

Upon completion of this form, please return to Jeanette Bailey at Mail Stop 9568, via fax to 325-1771, or email to:

jcm88@transportation.msstate.edu

A confirmation will be sent to the email address provided prior to your event date.