

## Request Form Special Shuttle Transportation

T	oday's I	Date:															
Department Name:									<del>-</del>								
Contact Person:																	
Phone Number:			Extension														
Email Address:																	
Date(s	) Reque	ested															
Start Time:			End Time:														
Destination:																	
Number of passengers:																	
Pick up location:																	
I autho	rize the	finan	ce o	ffice	to c	harç	ge th	e follov	wing a	ccoun	t nu	mbe	r for s	shuttle	e trans	sporta	tion.
		_								_						_	
# of hours 						Additional Comments:											
Total cost		Please see Airline attachment															
Signature:						Printed Name:											

A shuttle is available for Roger Williams University sponsored group events. There is a charge for this service. Please contact shuttleservice@rwu.edu for cost. The department requesting this service is responsible for providing an account number prior to the scheduled date. All costs associated with the scheduled trip are the responsibility of the department or group. If the total hours differs from above, an amended request will need to be submitted

## Twenty-four hours advance notice is required for all trip cancellations.

Please email the form to shuttleservice@rwu.edu and forward a signed copy to Public Safety