



# TRANSPORTATION REQUEST

## FACILITIES MANAGEMENT

**Department to be charged:**

**Account #:**

**Destination:**

(Include address & zip code for directions)

**Pickup location:**

(Include address & zip code for directions)

**Number of passengers:**

**Special requirements:**

**Pickup:**

**Return:**

Date	Time (AM/PM)

**Contact person:**

**Email address:**

**Approved by:**

	<b>Phone:</b>
	<b>Date:</b>

(Departmental signature)

Driver use only					
	Name	Vehicle #	Start time	End time	ST/OT/DT
<b>Driver #1</b>			AM/PM	AM/PM	
<b>Driver #2</b>			AM/PM	AM/PM	

This form is to be used for all transportation requests and may be found online at

[www.drexel.edu/facilities/transportation](http://www.drexel.edu/facilities/transportation). Fill the form out completely & submit it to [facilities@drexel.edu](mailto:facilities@drexel.edu) at least **one week in advance of your requested trip.**

Once you submit your transportation request, you will receive confirmation via email. You must supply an email address to receive confirmation. For cancellation or confirmation info, either call **(215) 895-1700** or email [facilities@drexel.edu](mailto:facilities@drexel.edu) during normal business hours **(M-F 8am to 5pm)**.

If there is an emergency outside of normal business hours, please contact **Public Safety** at **(215) 895-2822**.