Mott Community College

BUS REQUEST FORM

Date of Request: ____________  Organization Name: ____________________________

☐ Internal  ☐ External  ☐ Non-profit  ☐ For-profit

Contact Person’s Name: ____________________________  Phone #: __________________

Billing Address: ________________________________________________________________

Request Use of (check one):

☐ 25 Passenger (Kodiak)  ☐ 15 Passenger (Grizzly)  ☐ 12 Passenger-ADA (Bruin)

Date(s) Needed:

From: (MO/DA/YR)       Time       To: (MO/DA/YR)       Time       # Of Passengers

Destination: _________________  Purpose of Trip: ____________________________

Rental Rate: ____________________________  Driver Rate: ____________________________

Fuel Cost: ____________________________

Total: ____________________________

Cost Center Manager’s Approval: ____________________________  Cost Center #: __________________

Driver(s): Name: ____________________________  Name: ____________________________

License #: ____________________________  License #: ____________________________

Endorsements: ____________________________  Endorsements: ____________________________

License Expiration Date: ______________  License Expiration Date: ______________

Signature: ____________________________  Date: ______________

MCC Approval: ____________________________  Date: ____________________________

*A $25 Late Key Return Fee will be assessed if the keys are not returned by the agreed upon timeline.