University at Albany
Parking and Mass Transit Services

Charter Bus Request

The information below is to be completed by the requesting department:
Please fax form to Mass Transit at 442-3711 or email mkoch@uamail.albany.edu

Department Information:

Today’s Date: ______________________

Department or Activity making request: ____________________________________________

Department Address: ______________________________________________________________

Billing Address if different: ________________________________________________________

Account Name and Number to be charged: ____________________________________________

Requesting Staff/Faculty Member_______________________Phone number: ________________

Trip Information:

Trip Date: _________________________ Number of Buses Requested: ______________________

Departure Point: ____________________ Departure Time: _______________________________

Destination: ________________________ Return Time: _________________________________

Special Instructions: ______________________________________________________________

_______________________________________________________________________________

No. of Passengers____________

Trip Purpose: ________Educational _________ Recreational_______ Other__________

Signature of Requestor:____________________________________________________________


