

OLLI

Special Events Committee Transportation Request

EVENT: _____

CHAIRPERSON: _____

PHONES: (h) _____

(w) _____

(c) _____

(e-mail) _____

DATE: _____ **DEPARTURE TIME:** _____

RETURN TIME: _____

DEPARTURE & RETURN LOCATION _____

ITINERARY: _____

REQUEST FOR BUS: Bus seats _____

Number of Buses _____

Cost for Bus: \$ _____

Pro-rate for each participant (i.e. 54 people) _____

Add \$1.00 per person for driver's tip: _____

Cost per person \$ _____

VERIFIED WITH _____ **BUS COMPANY**

ON: _____ **WITH:** _____

MONEY DUE: \$ _____ **ON:** _____

SPECIAL INSTRUCTIONS: _____

