## **UH PTS**

## **Transportation Request Form**

## Effective Jan 2024 the hourly rate will increase to \$125.49 for UH departments

	•	•	•
Trip Name:			
Contact Name:			
Phone(s):			
Email:			
Number of Passengers:			
Cost Center Code:			
Note: shuttles hava a 36 seat cap	acity, please state how ma	any shuttles are requested; If more tha	n 36 passengers
please spcifty if you want one sh	uttle making multiple trip	s, or enough shuttle to maove all at one	ce
		DEPARTURE	
Pick Up Details			
Departure Date:			
Departure Time:			
Departure Location:			
Departure Address:			
	_		
Drop Off Details			
Destination Name:			
Destination Address:			
Notes:			
		RETURN	
Pick Up Details			
Departure Date:			
Departure Time:			
Departure Location:			
Departure Address:			
	1		
Drop Off Details			
Destination Name:			
Destination Address:			
Notes:			
Please read the following and signal			con .
		r UH Departments and \$143.41 for nor	
PTS will send you an estimate for the charter and once the service is completed PTS will send an invoice Invoices and charges to be paid by SC Voucher, non-affiliated customers bycredit/debit/check			
		led within 3 working days of the sched	<u>suled date</u>
100% due for charters cancelled			
NOTE: Additional charges will be	•		
and the department agrees to pa			ations.
All times are calculated for 30 mil	nutes prior and following	the charter for federal mandated inspe	ctions.
		es. All dates and times are correct unle	an makad
		es. All dates and times are correct unle AIL- PLEASE NO CHANGES BY PHONE C	
ANY AND ALL CHANGES CAN ON	LT DE REQUESTED DE EIVI	AIL- PLEASE NO CHANGES BY PHONE C	JR IN PERSON
Signature		Date	<del></del>
Jigilatule		Date	
Groome estimated billable hours		total	
Groome estimated billable flours		total	