



Office Use Only:	
<input type="checkbox"/> Bus 2 (24 pass)	<input type="checkbox"/> Bus 3 (24 pass)
<input type="checkbox"/> Bus 5 (40 pass)	<input type="checkbox"/> Bus 6 (40 pass)
<input type="checkbox"/> Bus 7 (24 pass)	<input type="checkbox"/> Bus 8 (13 pass)
<input type="checkbox"/> Bus 9 (34 pass)	<input type="checkbox"/> Bus 10 (40 pass)
<input type="checkbox"/> Bus 11 (42 pass)	<input type="checkbox"/> Bus 12 (42 pass)

Bus Reservation Request

Today's Date: _____ Date(s) of Reservation Request: _____

Name of Requestor(s): _____

Name of Advisor: _____ Phone number: _____

Billing to be sent to: _____

Address: _____

Number of Passengers: _____

Date	Pick Up Time	Pick Up Location	Destination

Bus Reservation Request MUST be in the ACES Transportation Office 10 days prior to date of request.
Email requests to Transportation@alfredstate.edu

1. The total cost of trips shall include the hourly rate, mileage, tolls, parking fees, room and board for the driver.
2. Departure time will be adhered to by the driver of the bus unless otherwise authorized by the person in charge of the group.
3. In the event that your group cancels services without proper notification to ACES Transportation, the group will be liable for payment of fee equal to 4-hours x the hourly rate.
4. ACES will not be responsible if the bus service is interrupted due to equipment failure or other unforeseen acts.
5. In the event that transportation shall fail to show for your event, please notify the ACES Transportation Office at 607-587-4705 or after hours at 585-808-9114
6. The requesting organization will be responsible for any breakage and/or clean up at the discretion of the ACES Transportation Manager.
7. All trips will be charged a minimum of 4-hours x the hour rate.
- 8. Use of any drugs or alcohol is prohibited in all ACES vehicles.**

Requestors Name/Signature _____

Title _____

Date _____

Advisor/Chaperone Name/Signature _____

Title _____

Date _____