

**Transportation Request
Raider Xpress Shuttle Bus
Parking and Transportation Services**



Department name _____ Account number _____
Contact person _____ Telephone _____
Number of buses _____ Today's date _____
Destination _____
Departure date _____ Departure time _____ a.m. _____ p.m.
Pickup location _____
Bus arrival time _____ a.m. _____ p.m. (We recommend 15 minutes to load.)
Purpose of trip _____
Continuous Loop Requested Yes No

If return trip is needed, please complete the following:

Number of buses _____
Destination _____
Return date _____ Departure time _____ a.m. _____ p.m.
Pickup location _____
Bus arrival time _____ a.m. _____ p.m. (We recommend 15 minutes to load.)
Purpose of trip _____

Contact name and number for day of event

Signature of person requesting service

Print name

Email

Fax request to 615-904-8109 or Email to pcitations@mtsu.edu.

Note: Any changes to original request for service must be faxed to 615-904-8109 or emailed to pcitations@mtsu.edu within a 48-hour time period prior to the trip.