

DEPARTURE REQUEST FORM

Name: _____ Andrews ID#: _____

Cellphone: _____ Email: _____ Student ____ Guest ____ Faculty/Staff ____

All locations billed at \$45 one way, per person

- ____ South Bend International Airport
- ____ South Bend South Shore Station (SBA)
- ____ South Bend Amtrak, 2702 Washington Street
- ____ South Bend Greyhound Station, 100 W South Street
- ____ Niles, MI Amtrak Station, 598 Dey Street
- ____ Benton Harbor, MI Greyhound Station, 24125 S Michigan Street #139
- ____ St. Joseph, Amtrak Station, 410-1/2 Vine Street

Things to NOTE:

- X Requests made less than two business days before the requested travel time are subject to a \$25 late fee.
- X Departure Times before scheduled Flight/Train/Bus are as follows:
2 Hours for South Bend International Airport
1 ½ Hours for all other locations
- X If you need to change or alter your current reservation, please call 269-471-6492.
- X Changes to your travel plans need to be made at least 12 hours before your scheduled pickup, if not, you will be charged for any extra trips or fees.

____ I have read and agree with the above statements.

Travel Date: _____ Scheduled Flight/Bus/Train Departure Time: _____

Name of Airline / Train / Bus: _____ Flight # / Train # / Bus #: _____

Charge to my Department IDC# _____

For office use only

Leave AU at: _____ Total Passengers: _____ Vehicle #: _____

Ending Mileage: _____ Arrived: _____

Beginning Mileage: _____ Departed: _____

Driver Signature: _____