

First United Methodist Church
Lakeland, Florida

REQUEST FOR CHARTER BUS TRANSPORTATION

Requestor, please complete and return to Director of Finance

Name: _____ Date of Request: _____

Date of Departure: _____ Time: _____ am pm

Destination: _____

Trip Itinerary (Please be specific): _____

Date of Return: _____ Time: _____ am pm

Return Trip Itinerary (Be specific): _____

Number of Riders Children/Youth: _____ Adults: _____ Total: _____

List all Staff Member(s) on Trip: _____

For Office Use Only

Date Received: _____ Complete: _____

Request Number: _____ Department: _____

Vendors:

_____ Contact: _____ Cost: _____

_____ Other Info: _____

_____ Contact: _____ Cost: _____

_____ Other Info: _____

_____ Contact: _____ Cost: _____

_____ Other Info: _____

Date Returned to Requestor: _____

Requestor (Sign and return to Director of Finance)

I wish to contract with (vendor) _____
for the stated cost of \$ _____. Please charge account #: _____

I understand confirmation of arrangements are not final until form is completed, returned to **Director of Finance**, and returned to program leader. I will follow up with business manager should I not receive notice of final confirmation within 3 working days of authorization.

Authorizing Signature: _____ Date: _____

Contract completed with: _____ By: _____

Confirmation Number (if applicable): _____