



Bus Reservation Request

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

Name of Requestor: _____ Chaperone Name: _____

Name of Group: _____ Cell# of Chaperone _____

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, 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. ACES Transportation requires a 7-day notice for any cancellations to scheduled bus requests. Cancellations made after this will be charged a minimum charge of 4 hours at the quoted 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 Director of Transportation.
7. All trips will be charged a minimum of 4-hours times the hour rate.
8. **Use of any drugs or alcohol is prohibited in all ACES vehicles.**
9. **An approved chaperone must accompany the group on the bus.**

Requestor Signature

Title

Date

Group Chair/Payment Authorization Signature

Title

Date