UH PTS

Transportation Request Form

Effective July 2025 the hourly rate will increase to \$150.00 for UH departments

Effective July 2	1023 the houry rate will increase to \$150.00 for our departments
Trip Name:	
Contact Name:	
Phone(s):	
Email:	
Number of Passengers:	
Cost Center Code:	
Note: Shuttles have a 36 seat ca	pacity; please state how many shuttles are requested. If more than 36 passengers,
please specify if you want one sl	nuttle making multiple trips, or enough shuttles to move all riders at once.
	DEPARTURE
Pick Up Details	
Departure Date:	
Departure Time:	
Departure Location:	
Departure Address:	
Drop Off Details	
Destination Name:	
Destination Address:	
Notes:	
	,
	RETURN
Pick Up Details	
Departure Date:	
Departure Time:	
Departure Location:	
Departure Address:	
Drop Off Details	
Destination Name:	
Destination Address:	
Notes:	
	<u>I</u>
Please read the following and s	gn below:
	with a 4 hour minimum for UH Departments and \$165.00 for non-affiliated
·	estimate for the charter and once the service is completed, PTS will send an invoice.
-	by SC Voucher, non-affiliated customers by credit/debit/check.
	invoice for charters canceled within 3 working days of the scheduled date
100% due for charters canceled	<u> </u>
	incurred if you exceed the estimated time for any reason
and the department agrees to pa	·
	inutes prior and following the charter for federal mandated inspections.
I have read and understand the	above. I agree to the charges. All dates and times are correct unless noted.
ANY AND ALL CHANGES CAN ON	ILY BE REQUESTED BY EMAIL- PLEASE NO CHANGES BY PHONE OR IN PERSON
Signature	Date
Groome estimated billable hours	s total: