|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Traveler information** | |  | **Program Name** | | | |
|  | |  |  | | | |
| *Person requesting transportation* | |  | *Name of Study Abroad Program* | | | |
| **Billing** | |  |  | | |  |
| Budget Code |  |  | **check √ one:** |  | **need driver and vehicle** | |
| *To be completed by CGE staff* | |  |  | **need vehicle only**  (if driver is not needed, please only fill out information above the line, and email Katie at [sensabkb@jmu.edu](mailto:sensabkb@jmu.edu) to work out logistics) | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Traveler’s Contact Information** | | | | | |
| *Please only put one traveler’s information regardless of number of travelers (e.g. Program Director)* | | | | | |
| Cell phone: |  | Home phone: |  | Email: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Trip Information** | | | | | | | | | | | | | |
| **Departure Trip information *(Going abroad)*** | | | | | | |  | **Returning Trip information *(Coming home from abroad)*** | | | | | |
| **Date of Departure** | |  | | | | |  | **Date of Arrival** | | |  | | |
| **Traveler(s) will be picked up by the driver at the following street address\*:** | | | | | | |  | **Arrival Airport** | | |  | | |
| Street Address: | | | | | | |  | **Airline Carrier and Flight #** | | |  | | |
| City, Zip: | | | | | | |  | **Traveler(s) will be dropped off at the following address after being picked up from the above airport\*:** | | | | | |
| \*For more than one pickup location, please add address and order of pickup in the “Special instructions for the driver” box. | | | | | | |  | Street Address: | | | | | |
| **Departure Airport** | |  | | | | |  | City, Zip: | | | | | |
| **Airline Carrier and Flight #** | |  | | | | |  | \*For more than one drop-off location, please add address and order of drop-off in the “Special instructions for the driver” box. | | | | | |
| **Pick-up Time:**  what time the first traveler(s) needs to be picked up to leave for the airport. Please consider the 2 hour check-in time for international flights. | | | |  | | **□** a.m. **□** p.m. |  | **Pick-up Time:**  What time the traveler(s) need to be picked up from the airport. Please add approximately 30 minutes to your arrival time to allow for customs and baggage claim. | | | |  | **□** a.m. **□** p.m. |
| Number of people being picked up | | | |  | | |  | Number of people being dropped off | | | |  | |
|  | | | | | | | | | | | | | |
| **Emergency Contact in Harrisonburg** | | | | | | | | | | | | | |
| Cell phone: |  | | Home phone: | |  | | | | Email |  | | | |

|  |  |
| --- | --- |
| Special instructions for the driver |  |