

**Transportation Request  
Raider Xpress Shuttle Bus  
Parking and Transportation Services**



Department name \_\_\_\_\_ Account number \_\_\_\_\_  
Contact person \_\_\_\_\_ Telephone \_\_\_\_\_  
Number of buses \_\_\_\_\_ Today's date \_\_\_\_\_  
Destination \_\_\_\_\_  
Departure date \_\_\_\_\_ Departure time \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.  
Pickup location \_\_\_\_\_  
Bus arrival time \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. (We recommend 15 minutes to load.)  
Purpose of trip \_\_\_\_\_  
Continuous Loop Requested  Yes  No

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If return trip is needed, please complete the following:

Number of buses \_\_\_\_\_  
Destination \_\_\_\_\_  
Return date \_\_\_\_\_ Departure time \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.  
Pickup location \_\_\_\_\_  
Bus arrival time \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. (We recommend 15 minutes to load.)  
Purpose of trip \_\_\_\_\_

\_\_\_\_\_  
Contact name and number for day of event

\_\_\_\_\_  
Signature of person requesting service

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Email

**Fax request to 615-904-8109 or Email to [pcitations@mtsu.edu](mailto:pcitations@mtsu.edu).**

**Note: Any changes to original request for service must be faxed to 615-904-8109 or emailed to [pcitations@mtsu.edu](mailto:pcitations@mtsu.edu) within a 48-hour time period prior to the trip.**