

SCHOOL BUS REQUEST

Please complete this form and fax or email to the travel office for processing.

Name of Group: _____

SJU Budget Number: _____

Name of Group Leader: _____

Cell phone number: _____

Email Address: _____

Departure Date: _____

Departure Time: _____

Return Date: _____

Return Time: _____

Number of Passengers: _____

Number of Buses: _____

Full Address of Destination :

Special Requests: _____

Please return form to: Saint Joseph's University
Travel Office
Phone 610-660-1316
Fax 610-660-3358
Email: Travel@sju.edu