



Transportation Request • Raider Xpress Shuttle Bus
Parking and Transportation • Middle Tennessee State University

Department name _____ Account number _____

Contact person _____ Telephone _____

Number of buses _____ Request date _____

Destination _____

Departure date _____ Departure time _____ a.m. _____ p.m.

Spotting location _____ Spotting time _____ a.m. _____ p.m.

If airport service, airline _____ Flight no. _____

Flight time _____ a.m. _____ p.m.

Purpose of trip _____

If return trip is needed, please complete the following:

Number of buses _____

Destination _____

Return date _____ Return time _____ a.m. _____ p.m.

Spotting location _____ Spotting time _____ a.m. _____ p.m.

If airport service, airline _____ Flight time _____ a.m. _____ p.m.

Flight no. _____

Purpose of trip _____

Print name of person requesting service

Approved, department head

Vice president (if applicable)

**Forward request to Parking and Transportation Services,
P.O. Box 147, Middle Tennessee State University, Mufreesboro, TN 37132**

Note: Any changes to original request for service must be faxed to 904-8109 within a 48-hour time period before the trip.