

TRANSPORTATION ADDITIONS

School Name:	Trip Leader:
Requested Date of Use:	Requested Number of Hours of Use:
Start Time:	End Time:
Destination:	
destination. I understand that this was responsibility for payment at that time. debited if payment is not received within	transportation noted is only what is stipulated above and that each
Credit card #	
Expiry date	
Security no	
Cardholder name	
Trip Leader Signature:	Date:
Ambassador Signature:	Date:

REQUEST MUST BE RECEIVED PRIOR TO USE.

