

## University of the District of Columbia

### Motor Coach Service

Please be advised that the University of the District of Columbia Motor Coach service will restart on June 6, 2011. The motor coach service will be facilitated as follows:

- All motor coach transportation requests must be booked through the Campus Services Transportation Coordinator (Armando R. Prieto).
- Transportation request forms may be obtained in the Campus Services main office located in building 38, room C01. The transportation request form can also be obtained on the Facilities and Real Estate website. Transportation requests can be submitted to the Transportation coordinator (Building 38, Room C01) or on the Facilities and Real Estate website.
- Once a transportation request is received, the transportation coordinator has forty-eight hours to provide a response to the requestor. If the date and time is available, the requestor will be sent an Email advising them of the trip approval.
- Once a trip has been approved, the requestor will be given the cost of the trip.
- The requestor must then obtain a purchase order to fund the cost of the trip. Requestors are not limited to the use of the University driving service (EBT Driving Service). Requestors may choose to use the Associate Tours driving service (which is the other driving service that the University has under contract) or any other service that they would prefer.
- All requests must be facilitated through the Transportation Coordinators office. Once a date has been secured from either of the vendors, the requesting department will be responsible for securing a purchase order to cover the cost of the trip.
- The motor coach will not leave the University without a purchase order in place. The purchase order will be made out to the vendor that the requestor has chosen.
- In cases when the trip is over night, the requesting department will be responsible for the food and lodging of the driver(s).

#### Required forms and documents

All trips must have a transportation request form completed that includes the following information:

- a. The itinerary
- b. Scheduled time of departure and expected arrival time should be placed on the itinerary form as well as the trip coordinator's information.
- c. If the travelers are under 18 years of age, they must have a signed consent form.

All of the appropriate forms can be obtained on the Facilities and Real Estate website. The Campus Services Transportation Coordinator can also provide you with all of the appropriate forms. If additional information is needed, feel free to contact Armando R. Prieto on (202) 274-5025 or Cell (202) 438-2179.

Thank you

University of the District of Columbia

Facilities & Real Estate

Motor Coach Service Request Form

Date \_\_\_\_\_

Requested By Name \_\_\_\_\_

Unit/Division \_\_\_\_\_

Telephone \_\_\_\_\_

Signature \_\_\_\_\_

Date of Transportation Request From: Date \_\_\_\_\_

To: Date \_\_\_\_\_

Number of Seats Requested \_\_\_\_\_

Destination of Trip \_\_\_\_\_

Reason for Trip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Contact Person at Destination \_\_\_\_\_ Phone \_\_\_\_\_

Trip Coordinator \_\_\_\_\_ Phone \_\_\_\_\_

Trip Coordinator Phone Number \_\_\_\_\_ Alternate Number \_\_\_\_\_

Motor Coach will leave from \_\_\_\_\_ Time \_\_\_\_\_

Motor Coach will return to \_\_\_\_\_ Time \_\_\_\_\_

**Approval**

Name and Title \_\_\_\_\_ Date \_\_\_\_\_

Dean/Department Chair/Director

Authorizing Signature \_\_\_\_\_ Date \_\_\_\_\_

Vice President

Title \_\_\_\_\_

Funding Certification & Attributes \_\_\_\_\_

Special Instructions \_\_\_\_\_

**Itinerary:**

| <u>Date</u> | <u>Location</u> | <u>Begin</u> | <u>End</u> | <u>Pick Up Time</u> | <u>Drop Off Time</u> |
|-------------|-----------------|--------------|------------|---------------------|----------------------|
|-------------|-----------------|--------------|------------|---------------------|----------------------|

- 1.
- 2.
- 3.
- 4.
- 5.

**Note:** Once an itinerary has been established and confirmed as part of this application, it will be the itinerary that the motor coach driver will adhere to. There will be no deviations.

**Note:** If participant are under the age of 18, they must have consent form filled out and signed by a parent or guardian. The consent forms must be received in our office a minimum of five days prior to the day of the trip.

**A roster of all perspective passengers must be submitted to the Transportation Coordinator a minimum of two days prior to the date of departure.**

Person completing this form \_\_\_\_\_

Trip Coordinator - Telephone

**In case of an emergency, kindly contact the Campus Services Transportation Coordinator, Armando Prieto on (202) 438-2179**

University of the District of Columbia

Facilities & Real Estate

Motor Coach Consent Form

Date \_\_\_\_\_

Name: \_\_\_\_\_

Program \_\_\_\_\_

Address: \_\_\_\_\_

Phone \_\_\_\_\_

Parent Name: \_\_\_\_\_

Phone \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone \_\_\_\_\_

Health Insurance: \_\_\_\_\_

Identification Number \_\_\_\_\_

I \_\_\_\_\_ grant permission for my child to travel to \_\_\_\_\_  
\_\_\_\_\_ Via the University of the District of Columbia's motor coach.

I have been made aware of the itinerary of the trip and agree with all of the stipulations outlined by the program director.

\_\_\_\_\_  
Parents /Guardian Signature                      Date

I \_\_\_\_\_ agree to abide by the rules and regulations established by  
the University of the District of Columbia representatives.

\_\_\_\_\_  
Student Signature                                      Date

**Motor Coach Trip Roster**

| <b><u>Name</u></b> | <b><u>Position</u></b> | <b><u>Emergency Contact</u></b> |
|--------------------|------------------------|---------------------------------|
| 1                  |                        |                                 |
| 2                  |                        |                                 |
| 3                  |                        |                                 |
| 4                  |                        |                                 |
| 5                  |                        |                                 |
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| 24                 |                        |                                 |
| 25                 |                        |                                 |

Motor Coach Transportation

Evaluation Form

Date: \_\_\_\_\_

Destination \_\_\_\_\_

Length of time of the trip \_\_\_\_\_

Driver \_\_\_\_\_

Name

Was the driver on time in picking you up?

\_\_\_\_\_

Yes

No

Was the motor coach clean and presentable?

\_\_\_\_\_

Yes

No

Was the driver responsive?

\_\_\_\_\_

Yes

No

Did the motor coach reach its destination on time

\_\_\_\_\_

Yes

No

Did the driver conduct him/herself in a professional manner?

\_\_\_\_\_

Yes

No

Explain: \_\_\_\_\_

\_\_\_\_\_

Could this have been a better motor coach experience?

Explain: \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Department \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Trip Coordinator