



CANADIAN
UNIVERSITY
COLLEGE

TRANSPORTATION DEPARTMENT RESERVATION FORM

INSTITUTIONAL USE VEHICLE FORM

Canadian University College
200 Maple Drive
Lacombe, Alberta Canada T4L 2E5
403.782.3381 x4130 or 1.800.661.8129 x5
Fax: 403.782.7460
After Hours Emergency Cell: 403.304.5528

Transportation Office Hours: Monday-Thursday, 8:00 AM - Noon, 1:00 PM - 5:00 PM; Friday, 8:00 AM - Noon

- Reservations are to be made three (3) office days in advance for travel on Sunday through Friday.
- Please call to confirm or cancel your reservation 24 hours before your pick-up/drop-off time.

CONTACT NAME: _____ **PHONE :** _____ **CELL# :** _____ **EMAIL :** _____

VEHICLE REQUESTED: 24 PASSENGER BUS 5 PASSENGER BUS 7 PASSENGER VAN #1 7 PASSENGER VAN #2 TRAILER

DESTINATION: _____

PICK UP DATE: _____ **DROP OFF DATE:** _____
DAY MM / DD / YYYY DAY MM / DD / YYYY

PICK UP TIME: _____ AM / PM **DROP OFF TIME:** _____ AM / PM

DRIVER INFORMATION:

NAME: _____ **PHONE #:** _____ **CELL #** _____

VOLUNTEER?: YES / NO (Name may be provided by either party – Transportation or Requesting Party - but **MUST be on CUC's approved list**)

PRICES:

7 PASSENGER VAN \$0.44 / KM
15 / 24 PASSENGER BUS \$0.56 / KM (\$0.44 FOR STUDENT CLUBS / ORGANIZATIONS)
TRAILER \$0.05 / KM (\$25 MINIMUM)

IF DRIVER IS NOT A VOLUNTEER:

Regular pay rate \$15/hr (driving and wait time) Plus 7% PR Benefits = \$16.05/hr, OT Differential Fee \$25, (between 10:30 PM and 5:30 AM)
\$50 Late Cancellation Fee (if less than 3 business days notice).

AUTHORIZATION SECTION:

CHARGE: _____ - _____ \$ _____ **COST OF TRIP** (Transportation Dept. to Calculate this amount)
Requesting Party must provide GL Account Number for Trip Cost

AUTHORIZATION NAME: Please Print _____ **SIGNATURE** _____ **DATE:** _____
Authorizing Signature – has to be provided before the reservation can be done

IS THIS BOOKING FOR AN AUTHORIZED CUC CLUB/ORGANIZATION? YES / NO

OFFICE USE ONLY

(VEHICLE COST = # OF KM _____ X \$/KM _____ = \$ _____) + (DRIVER COST = HRS _____ X \$16.05/ HR = \$ _____) = \$ _____

TRANSPORTATION TO PROVIDE GL NUMBERS BELOW

CREDIT: _____ - I 5 8 0 \$ _____ VEHICLE CREDIT (59675X OR 99990X – I580 CASH OR CR TRANSFER)

CREDIT: _____ - I 5 8 0 \$ _____ DRIVER CREDIT (594409 OR 999945 – I580 CASH OR CR TRANSFER)

PAYROLL: DRIVER PAY IF APPLICABLE:

DRIVER NAME: _____ VAN# _____ DR: 6 9 4 4 0 0 - I 5 8 0

OF HOURS _____ X (RATE OF PAY - \$15.00) = \$ _____ + OT DIFFERENTIAL FEE (\$25.00) \$ _____ = \$ _____

TRANSPORTATION CONFIRMATION CHECK:

CONFIRMATION: VEHICLE DRIVER DATE CONFIRMED _____ BY: PHONE EMAIL OTHER
DAY MM / DD / YYYY