



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: 866.928.9503
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 15 PASSENGER BUS 7 PASSENGER VAN 6 PASSENGER TRUCK TRAILER

DESTINATION: _____

PICK UP DATE: _____ **DROP OFF DATE:** _____
MM / DD / YYYY 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/6 PASSENGER TRUCK \$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 \$16.05/hr (driving and wait time - Includes 7% estimate for PR Benefits) + OT Differential Fee \$25, (between 10:30 PM and 5:30 AM)

\$50 Late Cancellation Fee.

AUTHORIZATION SECTION:

CHARGE: _____ - _____
 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 AN AUTHORIZED CUC CLUB/ORGANIZATION? YES / NO

OFFICE USE ONLY

VEHICLE COST: KM # _____ X _____ \$/KM = \$ _____

DRIVER COST: HRS # _____ X \$16.05 _____, + OT DIFFERENTIAL _____, = \$ _____

DEBIT: _____ - _____ \$ _____	TOTAL TRIP COST
CREDIT: _____ - 1580 \$ _____	VEHICLE CREDIT (59675X OR 99990X - 1580 CASH OR CR TRANSFER)
CREDIT: _____ - 1580 \$ _____	DRIVER CREDIT (594409 OR 999945 - 1580 CASH OR CR TRANSFER)

PAYROLL: DRIVER PAY IF APPLICABLE:

DRIVER NAME: _____ GL# _____
 # OF HOURS _____ X (RATE OF PAY - \$15.00) = \$ _____ + (OT DIFFERENTIAL FEE \$25.00 _____) = \$ _____ TOTAL

TRANSPORTATION CONFIRMATION CHECK:

CONFIRMATION: VEHICLE _____, DRIVER _____; DATE CONFIRMED _____ BY: PHONE EMAIL FAX
 MM / DD / YYYY