

CHARTER BUS REQUEST FORM

Charter Contact Center 8000 Hall St St. Louis, Mo 63147 314-449-9162



Transportation Department

2030 S. Vandeventer St. Louis, MO 63110 Tel: 314-633-5107

Email: slpstrans@slps.org renaye.stepney@slps.org

*** REQUEST MUST HAVE PAYMENT INFORMATION TO BE PROCESSED ***

ORDERED BY

OKDEKED BI.	
Today's Date	
Date of Trip	
Event Description	
SLPS Sponsored Trip?	Yes: (Fill Acct # below) No: □
Acct # (SLPS or School, Missouri Central Purchase Order #) Check #, or contact 314-449-9162 to pay with a Credit Card.	
PURCHASE ORDER #	
Pick-up Location	
Pick-up Time	
Drop Off Location (Destination)	
Time to Depart Destination	
Time Passengers Should be Returned	
# of Buses/Passenger counts	
Split trip (Travel time & event over 4 hours) {Bus to drop off & return for pick up}	Yes: ☐ No:
Full Service (Travel & Event less than 4 hours) {Bus remains at the event location}	Yes: No: □
Special Instructions (Be Specific)	N/A
Approved bySignature	
Contact person(s)	
Phone Number	
Email Address	
Billing Address, City, State & Zip Code	
**Make checks (include trip name & date) payable to	Missouri Central at address above. The check must be received prior to the

**Make checks (include trip name & date) payable to Missouri Central at address above. The check <u>must</u> be received prior to the trip date. Email completed form to <u>SLPSTrans@slps.org</u> & <u>renaye.stepney@slps.org</u>