



PantherExpress Reservation Form



Parking and Transportation, a Unit of Auxiliary and Support Services. www.gsu.edu/shuttle

Department/Organization _____ Telephone Extension _____

Name _____ Emergency Number _____

E-mail Address _____ # of Buses Requested _____

Event Date _____ Estimated Attendance _____

Begin Time _____ End Time _____

Departure Site _____ Event Site _____

Description of Event(s) _____

Please indicate the form of payment: Speed Type Check Credit Card

Estimated Rental Amount \$ _____

Authorized Signature _____ Date _____

Note: Cancellation requires a 3-day advance written notice to avoid charges. Each bus requires a 4-hour minimum rental.

FOR AUXILIARY AND SUPPORT SERVICES USE ONLY:

Date Reservation Received _____

First Transit Contact Date _____

Approval Date _____

Approval Signature _____

Comments _____