

# Parking and Transportation Services-Special Event Request Form

4800 2nd Avenue, Suite 1100

Sacramento, CA 95817

Phone: 916-734-2687 FAX: 916-734-0600

IB Doc# _____	DaFIS Tracking # _____
Department: _____	
Contact Name: _____	
Phone: _____	
FAX: _____	
I.D./Dafis # _____	
# of Passengers: _____	Date Reserved: _____
Reservation Date Out: _____	Cancellation Date: _____
Driver Start Time: _____	Return Date: _____
Pick-Up Time _____	Driver Return Time: _____
Pick-Up Location: _____	
Destination: _____	
Special Instructions: _____	
Driver/s: _____	

Mileage End: \_\_\_\_\_  
Mileage Begin: \_\_\_\_\_  
Total Miles: \_\_\_\_\_ 0 x \_\_\_\_\_ = \_\_\_\_\_ \$0.00  
Total Days \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ \$0.00  
Total Charge for Bus: \_\_\_\_\_ \$0.00

# of Driver Hours\*: \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ \$0.00  
Total Charge for Drivers: \_\_\_\_\_ \$0.00

Other Charges: \_\_\_\_\_

Charges Entered By: \_\_\_\_\_

Date Cancelled: \_\_\_\_\_ Cancellation Charges\*\*: \_\_\_\_\_

Cancelled By: \_\_\_\_\_

Total Charges: \_\_\_\_\_ \$0.00

\* Minimum of 2 Hours

\*\* A \$50 charge will be applied if cancellation is within 48 hours of scheduled date.