

## IU Shared Ride Reservation Form

PASSENGER NAME

PASSENGER CELL

ARRANGERS NAME

ARRANGERS PHONE

TRAVEL DATE

PICK UP TIME

PICK UP LOCATION

DROP OFF LOCATION

AIRLINE, FLIGHT NUMBER, TIME,  
CITY

ARRANGERS EMAIL ADDRESS

IU EMPLOYEE ID #

ACCOUNT NUMBER

DEPT CODE

RETURN DATE

RETURN PICK UP TIME\*\*\*

RETURN PICK UP LOCATION

DROP OFF LOCATION

RETURN AIRLINE, FLIGHT NUMBER,  
TIME, CITY

OTHER INFO

\*ALL INFORMATION MUST BE PRESENT IN ORDER TO BOOK RESERVATION.

\*\*PRIVATE CARS REQUIRE AUTHORIZATION FROM THE TRAVEL DEPT.

\*\*\*PICK UP TIMES FOR SHARED RIDES GOING TO IND ARE 3 HOURS PRIOR TO DEPARTURE TIME.