**TRAVEL REQUEST FORM **

Please use this form to send to approved bus/coach operators to obtain a quote and/or confirm a booking.

Complete the yellow fields only. **IT IS NOT A PURCHASE ORDER**.

**For help contact the University Transport Office Telephone: 020 8331 8528.**

Note: Vehicle access to Greenwich Campus must be notified to Transport Office for authorisation by Old Royal Naval College.

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| JOB REQUESTER (Name): |  | | | | Faculty/Directorate: |  | | | |
| TEL No: |  | | | | INVOICE ADDRESS: |  | | | |
| E-MAIL ADDRESS: |  | | | |
| JOB REF (if applicable): |  | | | |
| DEPARTURE DATE(S) & DAY(S): |  | | | | | RETURN DATE (if different): | |  | |
| COLLECTION ADDRESS 1: |  | | | | | TIME: | |  | |
| COLLECTION ADDRESS 2:  (if applicable) |  | | | | | TIME: | |  | |
| COLLECTION ADDRESS 3:  (if applicable) |  | | | | | TIME: | |  | |
| DESTINATION ADDRESS: |  | | | | | RETURN TIME: | |  | |
| No OF PASSENGERS: |  | FLIGHT No (if applicable): | | |  | | BAGGAGE ITEMS PER PERSON: | |  |
| TRIP ORGANISER/LEADER ON THE DAY | | | NAME: |  | | EMERGENCY CONTACT TEL No: | |  | |
| SPECIAL REQUIREMENTS: |  | | | | | | | | |

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| **BUS/COACH OPERATOR TO COMPLETE QUOTATION SECTION BELOW AND RETURN QUOTE TO JOB REQUESTER** | | | |
| **NAME OF BUS/COACH OPERATOR** |  | **NAME OF ESTIMATOR:** |  |
| **TELEPHONE No:** |  | **E-MAIL ADDRESS:** |  |
| **QUOTATION DETAILS:** |  | | |
| **AVAILABILITY:** |  | **QUOTE REF:** |  |

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| **JOB REQUESTER TO COMPLETE SECTION BELOW AND RETURN TO BUS/COACH OPERATOR IF CONFIRMING BOOKING (ATTACH A COPY TO PURCHASE ORDER VIA *PARABILIS*)** | | | |
| **PURCHASE ORDER NO:** |  | **AGREED HIRE CHARGE:** |  |
| **APPROVER’S SIGNATURE:** |  | **DATE:** |  |