



AUBURN UNIVERSITY

TRANSPORTATION SERVICES

Tiger Transit Charter Service Billing Form

In order to avoid a delay in processing your request, all information is required and must be typed in. Additionally, a separate form must be submitted for each date that services are being requested for.

Today's Date:	_____	Billing Email:	_____
Department:	_____	Attention:	_____
Billing Address:	_____	Charter Date:	_____
City/State/Zip:	_____		

Please note the following:

It remains the responsibility of the chartering department to provide valid chart "A" FOAP information to us. Should erroneous FOAP information be submitted by the chartering department and the FOAP billed for services rendered, it will be the responsibility of the chartering department to file a Department Error Correction (DEC). Should a billing error be made by our billing department, we will file for the correction to be made.

We will only submit charges to one FOAP. If multiple departments have made an agreement to split the costs of charter services, it will remain the responsibility of the department providing the FOAP to us to file for reimbursement from the other departments.

We will not bill an outside vendor for charter services provided. It will remain the responsibility of the chartering department to file for reimbursement from any outside vendor paying for charter services provided.

Please enter your FOAP information below.

If no account code is provided to us, we will use 70778 (Transit Charter-Internal Charges).

FUND

ORG

ACCT

PROG

Authorized Signature

This page must be signed by someone with financial signature authority in order to schedule charter services. Your signature indicates you've both read and agree to the terms and conditions that are outlined on our charter information page.

Auburn University Transportation Services
330 Lem Morrison Drive, Suite 127
Auburn University, AL 36849-5525
Phone: (334) 844-4757 | Fax: (334) 844-7757
tigertransit@auburn.edu



Tiger Transit Charter Service Request Form

In order to avoid a delay in processing your request, all information is required and must be typed in. Additionally, a separate form must be submitted for each date that services are being requested for.

Department, Date, Time and Location Information

Chartering Dept: _____
 Charter Date: _____
 Departure Time: _____ Return Time: _____
 Departing From: _____
 Street Address: _____
 City, State, Zip: _____
 Passenger Count: _____
 Number Buses Requested: _____
 Number of Special Needs Passengers: _____

We reserve the right to increase/decrease the number of buses based upon the information provided above.

Destination: _____
 Street Address: _____
 City, State, Zip: _____
 Return Location: _____
 Street Address: _____
 City, State, Zip: _____
 Passenger Count: _____

Section 1- Contact Information

(please see below for important information)

Primary: _____
 Email: _____
 Office Phone: _____
 Cell Phone: _____
 Secondary: _____
 Email: _____
 Office Phone: _____
 Cell Phone: _____

Section 2- Authorized to Request Changes to Charter

Other than the primary and secondary. Please see below for important information.

Name: _____
 AU Username: _____
 Cell Number: _____
 Name: _____
 AU Username: _____
 Cell Number: _____
 Name: _____
 AU Username: _____
 Cell Number: _____

All requests to make changes to charters are required to be sent via email to tigertransit@auburn.edu and must be received prior to the date of service. The primary and secondary contacts are automatically authorized to request changes to charter services. If the department would like to allow others who work in their department to be allowed to request changes to charters, their names and AU usernames must be entered into Section 2. If only the primary and secondary contacts will be requesting changes, Section 2 can be left blank. We reserve the right to deny any requested changes to services being provided.

Charter Details and Specific Instructions

Authorized Signature

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