

ARRIVAL REQUEST FORM

Name:	ame:Andrews ID#:				
Cellphone:	Email:	Student	_ Guest	Faculty/Staff	
All locations bille	d at \$50 one way, per person				
Sou	th Bend International Airport				
Sou	th Bend South Shore Station (SBA)				
Sou	th Bend Amtrak, 2702 Washington Street				
Sou	th Bend Greyhound Station,100 W South Street				
Nile	s, MI Amtrak Station, 598 Dey Street				
Ben	nton Harbor, MI Greyhound Station, 2412 M-139				
St	Joseph, Amtrak Station, 410-1/2 Vine Street				
Things to NOT	E:				
Reques fee.	ts made less than two business days before	the requested trave	I time are s	subject to a \$40 late	
When a C" (Near	rriving at the South Bend International Airport, the rest to Baggage Claim). All other locations – the	driver will meet you o	outside of th		
-	eed to change or alter your current reservation, p			-b	
•	s to your travel plans need to be made before the ps or fees.	e driver leaves, if not,	you will be	cnarged for any	
	read and agree with the above statements	5.			
T 15.	0.1.1.15	-1:1.45			
		Scheduled Flight/Bus/Train Arrival Time: Flight # / Train # / Bus #:			
_	ere (Just before South Bend):			_	
•	ting any bags from baggage claim? ng Travel & Phone # (If Not Traveler)				
·	n on AU Campus or Address				
Payment Met	•				
•					
9	rews AUID				
Charge to my De	partment IDC#				
	For office use	only			
Leave AU at:	Total Passengers:	Vehi	cle #:		
Ending Mileage:	Arrived:				
Beginning Mileag	e: Departed:				
Driver Signature	e:				