

## MEDICAL APPOINTMENT REQUEST FORM

Name: \_\_\_\_\_ Andrews ID#: \_\_\_\_\_

Cellphone: \_\_\_\_\_

Destination:  St. Joe \_\_\_\_\_

Benton Harbor \_\_\_\_\_

Niles \_\_\_\_\_

Mishawaka \_\_\_\_\_

South Bend \_\_\_\_\_

Granger \_\_\_\_\_

Date: \_\_\_\_\_ Scheduled Appointment Time: \_\_\_\_\_

Depart AU Time At: \_\_\_\_\_

Pick up location (and Address if Off-Campus): \_\_\_\_\_

Student  Guest  Faculty / Staff

Payment Method:  Cash  Charge AU ID

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Driver Use Only: Total Passengers \_\_\_\_\_ Vehicle \_\_\_\_\_ Cash Paid \_\_\_\_\_

Trip #1 Mileage IN \_\_\_\_\_ Trip #2 Mileage IN \_\_\_\_\_

Trip #1 Mileage OUT \_\_\_\_\_ Trip #2 Mileage OUT \_\_\_\_\_

Driver Signature \_\_\_\_\_

**X** Passenger Signature \_\_\_\_\_