

ARRIVAL REQUEST FORM

Name:	Andrews ID#:			
Cellphone:	Email:	Student	Guest _	Faculty/Staff
All locations billed	d at \$45 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 S	Street		
Niles	s, MI Amtrak Station, 598 Dey Street			
Ben	ton Harbor, MI Greyhound Station, 24125 \$	S Michigan Street #139		
St. J	Joseph, Amtrak Station, 410-1/2 Vine Stree	et		
Things to NOTI	≣:			
Requesting fee.	ts made less than two business days be	efore the requested travel	l time are s	ubject to a \$25 late
When ar C" (Near	riving at the South Bend International Airpo rest to Baggage Claim). All other locations red to change or alter your current reservati	- the driver will meet you o	outside of the	
 Changes 	s to your travel plans need to be made befo ps or fees.	•		charged for any
Ihaveı	read and agree with the above statem	ients.		
Travel Date:	Schedu	uled Flight/Bus/Train Arrival	Time:	
Name of Airline	/ Train / Bus:	Flight # / Train # / Bus #:		
Coming from whe	re (Just before South Bend):	Numb	er of Passe	ngers:
Person Requestin	ng Travel & Phone # (If Not Traveler)			
Drop Off Location	on AU Campus or Address			
Payment Met	hod:			
Charge to my Andr	rews AUID			
Charge to my Dep	partment IDC#			
		e use only		
	Total Passengers:		de #:	
	Arrived:			
Beginning Mileage	e: Departed:			
Driver Signature	o:			