

## 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:** Attention: Department: **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 PROG ACCT** 

**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



## 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	Section 1- Contact Information
	(please see below for important information)
Charter Date:	Primary:  Email:
Departure Time: Return Time:	Office Phone:
Neturi filite.	Cell Phone:
Departing From:	CONT HONE.
Street Address:	Secondary:
City, State, Zip:	Email:
	Office Phone:
Passenger Count:	Cell Phone:
Number Buses Requested:	
Number of Special Needs Passengers:	Section 2- Authorized to Request Changes to Charter
	Other than the primary and secondary. Please see below for important information.
We reserve the right to increase/decrease the number of buses based upon the information provided above.	Name:
injoiniation provided above.	AU Username:
	Cell Number:
Destination: Street Address:	
	Name:
City, State, Zip:	AU Username:
Datum Landian	Cell Number:
Return Location: Street Address:	Name:
City, State, Zip:	AU Username:
Passenger Count:	Cell Number:
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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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