**Transportation Services Billing Form**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SPEEDCHART #** |  | **RECEIVER #** |  | **VR #** |  | **ET #** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Billing Recipient  |  | NAU Phone |  |
| Billing PO Box |  | Other Phone |  |

**Travel Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Depart Date |  | Time [ ] AM [ ] PM | Early KeyPick-Up |  |
| Return Date |  | Time [ ] AM [ ] PM |
| Destination |  | Class |  |
| Vehicle Type | [ ]  Sedan [ ]  Minivan [ ]  Mid-Size SUV [ ]  Large SUV[ ]  12-Pass Van [ ]  Bus [ ]  Outside Rental |
| VehicleNumber |  | Number ofPassengers |  | Contact TSC @ 928-523-2469for vehicle information |

**Driver Authorization**

|  |
| --- |
| The Undersigned has read and understands the policies set forth by Northern Arizona University and the State of Arizona on the proper use of State Vehicles.*I understand that it is my responsibility to ensure compliance of the above mentioned policies. I sign knowing that State of Arizona statutes require the possession of a valid operator’s license to operate any state-owned vehicle and therefore certify that I possess the license listed below.* |
| DriverName |  |
| DriverSignature |  |
| DriversLicense |  |

**Charges**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Units |  |  |  |
| Mileage In |  |  |  |  |
| Mileage Out |  | Rate | Debit Amount | Credit Amount |
| Miles Traveled |  | $ | $ | $ |
| Daily Use Fee |  | $ | $ | $ |
| Other Fees |  | $ | $ | $ |
|  | **Totals** |  |  |  |