

# Sacramento City College-Bus Travel Request Form

Submit 6 Week Prior to Departure

Trip Contact: Name \_\_\_\_\_ Cell Phone: \_\_\_\_\_

(\*Each charter must have a designated contact with a cell phone to coordinate with driver)

Class: \_\_\_\_\_ Section: \_\_\_\_\_ Or Department/Group: \_\_\_\_\_

Activity: \_\_\_\_\_ Depart Date/Time: \_\_\_\_\_

Bus Size: 33 47 57 Number of Passengers: \_\_\_\_\_ Specify Audio/Video needs: \_\_\_\_\_

Specify Type of equipment/luggage: \_\_\_\_\_ Specify ADA needs (If applicable): \_\_\_\_\_

Boarding Location: \_\_\_\_\_

Destination: \_\_\_\_\_  
(Include Address) \_\_\_\_\_

Overnight: Y N (If checked 'Y' complete Section A. below, if checked 'N' continue to Section B.)

Please attach detailed itinerary for any trips overnight\*

## Section A.

Room Accommodation Information: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_ AM/PM Total # of Nights: \_\_\_\_\_

2nd Destination(if applicable): \_\_\_\_\_

(include address) \_\_\_\_\_

Room Accommodation Information (If applicable): \_\_\_\_\_

Departure Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_ AM/PM

3rd Destination(if applicable): \_\_\_\_\_

(include address) \_\_\_\_\_

## Section B.

Return drop off location: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

**EMAIL COMPLETETED FORM TO SEAN VANG AT [Vangs2@scc.losrios.edu](mailto:Vangs2@scc.losrios.edu)**

**PLEASE NOTE: All Bus Travel Request forms must be completely filled out and received by Operations at least 6 WEEKS PRIOR to listed date of departure or request will not be processed**

Trip Contact Name: \_\_\_\_\_ Signature / Date \_\_\_\_\_ Dean's Approval: \_\_\_\_\_ Signature / Date \_\_\_\_\_ Pre-planned: Y N

VP Approval if not pre-planned: \_\_\_\_\_

## FOR OPERATIONS USE ONLY:

Bus Confirmation Number: \_\_\_\_\_

Bus Confirmed Date: \_\_\_\_\_

**For reservation changes: Please email Sean Vang at [Vangs2@scc.losrios.edu](mailto:Vangs2@scc.losrios.edu)**

**Phone: (916) 650-2902**

**SCC Revised: 5/16/25**