

**COMMUNITY ENGAGEMENT & SERVICE**  
**TRANSPORTATION APPLICATION**

To assist recognized student organizations and faculty members who participate in community service as part of their classroom or co-curricular activities, the Office of Community Engagement & Service (CE&S) provides transportation assistance. **PLEASE COMPLETE THIS APPLICATION AND SUBMIT TO THE OFFICE OF CE&S AT LEAST ONE (1) WEEK BEFORE YOUR TRIP OCCURS.** Once your

application is submitted, the following process will occur:

- 1) CE&S staff review application and determine if CE&S vehicle is available for day/time requested
- 2) If a CE&S vehicle is available, you will be notified by a staff member to continue the process as directed
- 3) If a CE&S vehicle is NOT available, CE&S will provide REIMBURSEMENT for the cost of a Motor Pool rental for the date/time of your service activity, if you are eligible for reimbursement
- 4) You will be notified by a CE&S staff member if you need to make a request through Motor Pool. NOTE: Motor Pool reservations must be made by the department requesting transportation, NOT CE&S. Please visit Physical Facilities/Motor Pool website at [www.muohio.edu/motorpool](http://www.muohio.edu/motorpool) to view their policies and procedures.
- 5) In the event that a Motor Pool vehicle is used, please be mindful that reimbursements can not be processed until after the expense is processed in Banner. Maximum reimbursement per semester is \$250

Today's date:	Name of Requestor:
Organization/Course name and number:	Advisor/Instructor Name:
Person overseeing department account/Treasurer:	Index and Account Code to be reimbursed: ( <b>Accounts will not be reimbursed without this information.</b> ) Index Code: Account Code:
Contact phone number:	Contact e-mail address:
Trip information	
Actual date(s) of trips: Destination:	Purpose of trip(s):
Type of vehicles requested:	Number of vehicles requested:
How many people will be impacted by this?	Per Day Per Week Per Month Average Please provide a report after this event of the number of people impacted by this program outside our office.
Office use only	Date form received:
<input type="checkbox"/> CE&S vehicle Vehicle license number:	<input type="checkbox"/> Motor Pool Vehicle number:
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Amount of reimbursement	Date reimbursement completed
Transaction date:	Document Number:

Office Notes: