

Transportation Request Form



Outdoor Recreation
242 Fort Mervine Place, #1
Monterey, CA 93944
Phone 831-242-5506
Fax 831-242-6310

Request Date ____/____/____

Transportation cannot be reserved without the following information:

Sponsor Name _____ Rank _____ Branch _____
Military ID # _____ Expiration Date ____/____/____ Unit/Organization _____
Address _____ City _____ State _____ Zip code _____
Phone () _____ - _____ Alternate Phone () _____ - _____ Fax () _____ - _____
Email Address _____

- Sponsor must be an authorized patron of FMWR Activities.
- Individual contract sponsors MUST be in the vehicle when it is in operation. In the case of a Military organization contract, at least one person from the organization must be in the vehicle when it is in operation.

Billing Information (if different from above)

Name _____
Address _____ City _____ State _____ Zip code _____
Phone () _____ - _____ Alternate Phone () _____ - _____ Fax () _____ - _____
Email Address _____

Payment Method

Cash _____ Check _____ VISA _____ Master Card _____ Money Order _____

- A deposit of 50% of the total amount due is required 30 calendar days prior to trip departure. The remaining balance is due 7 calendar days prior to trip departure.
- 25% of the deposit is non-refundable if you cancel within 30 to 7 calendar days.
- 25% of the total price is non-refundable if you cancel within 7 calendar days.

MIPR Number (Government Purchase Requests) _____ MIPR Date ____/____/____

MIPR Financial POC Name _____

Office Phone () _____ - _____ Office Fax () _____ - _____

- Payments made by MIPR must be paid in full within 30 days following the end of the contracted dates or a late fee of 5% of the total price per week will be assessed.

Transportation Request Form (continued)



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Trip Information

Group Name _____ Emergency POC (____) _____ - _____
Number of Passengers _____ Size/Type of Bus Requesting _____

Departure Date ____ / ____ / ____ Departure Time _____ AM ____ PM ____

Departure Location _____
Address _____ City _____ State ____ Zip code _____

Stop # 1 - Location _____
Address _____ City _____ State ____ Zip code _____

Stop # 2 - Location _____
Address _____ City _____ State ____ Zip code _____

Stop # 3 - Location _____
Address _____ City _____ State ____ Zip code _____

Destination Location _____
Address _____ City _____ State ____ Zip code _____

Return Departure Date ____ / ____ / ____ Departure Time _____ AM ____ PM ____

Please describe any special needs, requests, or other trip information below.
