DEPARTURE REQUEST FORM

Name:			Andrews II	Andrews ID#:		
Cellphone:	Ema	ail:	Student	_ Guest	Faculty/Staff	
All locations billed at \$	one way, per pers	on				
South Be	nd International Airpo	ort				
South Be	nd South Shore Stati	on (SBA)				
South Be	nd Amtrak, 2702 Was	shington Street				
South Be	nd Greyhound Statio	n,100 W South Street				
Niles, MI	Amtrak Station, 598 I	Dey Street				
Benton H	larbor, MI Greyhound	Station, 24125 S Mich	igan Street #139			
St. Josep	h, Amtrak Station, 41	0-1/2 Vine Street				
Things to NOTE:						
χ Requests ma	de less than two bus	iness days before the	requested travel tir	ne are subje	ct to a \$ late	
χ Departure T	imes before schedu	uled Flight/Train/Bus	are as follows:			
x						
X Changes to y	our travel plans need	to be made at least 12	hours before your s	scheduled pi	ckup, if not, you	

will be charged for any extra trips or fees.