



Please print and fax to (843) 723-1572
or save as PDF and email to ebenezchurch1@bellsouth.net

EBENEZER AME CHURCH

TRANSPORTATION REQUEST FORM

GENERAL INFORMATION

Date of Event: ___ / ___ / ___ Time of Event: ___ AM PM to ___ AM PM

Event: _____

Division: _____

Approval (Ministry Head Signature) _____

Contact Person: _____

Phone: _____

Alternate Phone: _____

E-mail: _____

Is this a Recurring Event? Yes No

If yes, frequency: _____

Location of Event: _____
Street

_____ *City State Zip*

P/U Location: _____
(If Not EAMEC Parking Lot)

Number of Passengers: _____

Departure Time: _____ AM PM

Return Time: _____ AM PM

For overnight request (or if different from above location)

Destination Address: _____
Street

_____ *City State Zip*

FORWARD ALL SUBMISSIONS VIA FAX OR E-MAIL

Please submit all requests 2 weeks prior to departure date.

All requests will be reviewed/forwarded to the Transportation Unit Leader for availability and scheduling. FAX: 843-723-1572 - E-MAIL: EBENZERCHURCH1@BELLSOUTH.NET

OFFICE USE ONLY

Drivers Name: _____

Drivers Cell # _____

Date Request Received: ___ / ___ / ___

Recipient Name *(Please Print)* _____