DEPARTURE REQUEST FORM

Name:					Andrews ID#:			
Cellphone: _		Ema	il:		Student	Guest	Faculty/Staff	
All locations	billed at \$	one way, per perso	on					
	South Bend	d International Airpo	rt					
	South Bend	d South Shore Statio	on (SBA)					
	South Bend	d Amtrak, 2702 Was	shington Street	t				
	South Bend	d Greyhound Statior	n,100 W South	Street				
	Niles, MI A	mtrak Station, 598 D	Dey Street					
	Benton Har	rbor, MI Greyhound	Station, 2412	139				
	St. Joseph,	, Amtrak Station, 41	0-1/2 Vine Stre	eet				
Things t	o NOTE:							
χ Red fee	•	e less than two bus	iness days be	efore the request	ted travel tir	me are subje	ct to a \$ late	
x De	parture Tim	nes before schedu	iled Flight/Tra	ain/Bus are as	follows:			
X								
x Cha	anges to you	ur travel plans need	to be made at	least 12 hours b	efore your	scheduled pi	ckup, if_ 0 `0¾«ûè î a® ,0)•a