

Andrews University

Office of Transportation

STUDENT NON-EMERGENCY MEDICAL APPOINTMENT REQUEST FORM

FOR MEDICAL EMERGENCIES CALL 911.

Requests made less than two business days before the appointment time are subject to a \$40 late fee.

NAME: _____ ANDREWS ID: _____

CELL PHONE: _____ EMAIL: _____

DESTINATION:

_____ UNIVERSITY MEDICAL SPECIALTIES (No charge if arranged by UMS)

_____ St Joseph, MI (\$50.00 one way)

_____ Benton Harbor, MI (\$50.00 one way)

_____ Bridgeman/Buchanan, MI (\$50.00 one way)

_____ Niles, MI (\$50.00 one way)

_____ Berrien Springs, MI (\$30.00 round trip.) Includes drop off & pick up.

_____ Other: (Based on final medical destination)

The charge provides an AU Driver for 60 minutes. Extra time is billed at \$30.00 per additional ½ hour.

DATE OF APPOINTMENT: _____ SCHEDULED APPOINTMENT TIME: _____

PICKUP LOCATION: _____

Name & Address of Final Destination: _____

PAYMENT METHOD: AU ID _____ Department IDC _____

OFFICE USE ONLY: DEPART AU _____ PASSENGERS _____

TRIP-1 Beginning MILEAGE _____ TRIP-2 Beginning MILEAGE _____

TRIP-1 Ending MILEAGE _____ TRIP-2 Ending MILEAGE _____

PASSENGER SIGNATURE: _____

DRIVER SIGNATURE: _____

Send completed form to trans@andrews.edu. Cancellations should be made at least 24 hours before the expected Depart AU time by emailing during office hours or calling 269-471-6492 after hours.