## **Colgate On Demand Intake**

Trips need to be sent in by 5 PM two days before if during week and 5 PM on Thursday for Saturday - Monday.

Ex. Need ride set up for Friday at 1 PM. Send intake in no later than Wednesday at 5:00 PM

Ex. Need ride set up for Sunday at 1 PM. Send intake in no later than Thursday at 5:00 PM

Traveler Informat	ion:			
Name:				
Address:				
E-mail Address:				
Cell Phone:		Office Phone:		
Travel Arranged I	By (if different):			
Name:				
E-mail Address	<u> </u>			
Phone:				
Destination Inform	nation:			
Date:		Pick Up Time:		
Pick Up Location:			_	
				exact location
Drop Off Location:			in town or on	Campus.
Flight #, Train #, I	Bus #:	Airline, Train, Bus:		
Flight,Train, Bus	Arrival Time:	Flight,Train, Bus Depart	ure Time:	
Luggage Qty:				
Return Information	on:			
Date:		Pick Up Time:		
Pick Up Location:			-	
Drop Off Location:				n exact location Campus.
Flight #, Train #, I	Bus #:	Airline, Train, Bus:		
Flight,Train, Bus	Arrival Time:	Flight,Train, Bus Depart	ure Time:	
Luggage Qty:				
Payment Information	tion: Please call 315-228-4287 v The day before your trip we will put a After your trip we will take out the am	hold on your card for the fu	ull amount of th	ne trip.
Credit Card:	We now have the ability to retain y	our credit card on file wi	th our secure	payment processor.
	Would you like to keep your card o	on file for future payment	ts?	Yes No
	Is your payment methold currently on file with us?		Yes	No 🗆
Name on File (If different from passenger):				
	Please note: If your payment is not or prior to your trip and provide payment		8-4287 at leas	t 24 hours
Fund/Org:				
Price Quote:				

One day prior to scheduled departure, traveler will receive a confirmation e-mail from First Transit.