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:	
Student/Parent	Alumni Facul	ty/Staff Colgate Visi	tor
Travel Arranged	By (if different):		
Name:		_	
E-mail Addres	s		
Phone:		<u> </u>	
Destination Infor	mation:		
Date:		Pick Up Time:	
Pick Up Location:			<u> </u>
D 0#1			please use an exact location
Drop Off Location:			in town or on Campus.
Flight #, Train #,	Bus #:	Airline, Train, Bus:	
Flight,Train, Bus	Arrival Time:	Flight,Train, Bus Departu	re Time:
Luggage Qty:			
Return Information	on:		
Date:		Pick Up Time:	
Pick Up Location:			<u></u>
			please use an exact location
Drop Off Location:			in town or on Campus.
Flight #, Train #,	Bus #:	Airline, Train, Bus:	
Flight,Train, Bus	Arrival Time:	Flight,Train, Bus Departu	re Time:
Luggage Qty:			
Payment Inform	The day before your trip we	3-4287 with payment inform will put a hold on your card for the the amount depending on rider	ne full amount of the trip.
Credit Card:	We now have the ability to	retain your credit card on file	with our secure payment processor.
	Would you like to keep you	ır card on file for future paym	nents? Yes No
	Is your payment methold c	urrently on file with us?	Yes No
Name on File (If different from passenger):			
	Please note: If your payment prior to your trip and provide p	is not on file, you must call 315- payment.	228-4287 at least 24 hours
Fund/Org:			