

Please complete form electronically.

Pass Request Detail Form

Form No.: _____
(for RTS Use Only)

2024-2025 School Year

Requesting Entity: **Transportation Department**

Contact Name: _____

Phone: _____

Email Address: _____

End User:

School/ Department/ Program: _____

Contact Name: _____

Phone: _____

Email Address: _____

Charge Back Code: _____

PO Number (*Must be provided for order to proceed.*): _____

Type of Pass Requested and Quantity (All Day/ One Ride/ 31-Day):

Pass Type	Quantity
One Ride	
All Day	

Intended Use for Passes:

Pass Type	Intended Use
One Ride	
All Day	

Event Date or Ongoing Use (i.e., sports/ late arrival/ early dismissal)

Planned Travel Time(s): _____

Destination(s): _____

Projected Number of Students Traveling per Day: _____

Ship and Bill Detail:

All orders will be billed and shipped to the following location:
Rochester City School District Transportation Department (Attn: Lisa Seiler)
835 Hudson Avenue, Bldg. 1
Rochester, NY 14621

NOTE: All passes have a defined expiration date beyond which they will not be honored.