

A GOFF TRANSPORTATION

Payment Address: PO Box 7822
 Charlottesville, VA 22906
 Phone 800.459.5645

Driver Trip Ticket

Trip Date: _____

Job Type:		Loc / Activity:		Driver:	
OUT	<u>Veh Mi - Km</u>	<u>Times</u>	Client Name: <u>Washington & Lee</u>		Vehicle Type: <u>Mini-Bus</u>
	<u>P U</u>		Passenger Name:		Assigned Vehicle:
IN	<u>Veh Mi - Km</u>		Ph#1:	Cell: <u>(540) 458-8400</u>	Billing Ref:
	<u>D O</u>		Ph#2:		Confirm #:

PICK-UP INFORMATION & ROUTING			DROP-OFF INFORMATION & ROUTING		
<u>Arriving Airline/FBO</u>	<u>Flight # / Tail #</u>	<u>From City</u>	<u>Departing Airline/FBO</u>	<u>Flight # / Tail #</u>	<u>TO City</u>
<u>Other Pick Up Locations:</u>			<u>Other Drop-Off Up Locations:</u>		
Emergencies = 9-1-1 W & L Security = 540-458-8999 W & L Health Center = 540-458-8401 A Goff Emergency = 434-531-5272			Notes from Tonight:		
Passenger Count for the Night _____					

Next Trip Information for this Passenger:	Payment Type:																																																																																					
	<table border="1"> <thead> <tr> <th><u>Charge Item</u></th> <th><u>Quantity</u></th> <th><u>Rate</u></th> <th><u>Amount</u></th> <th><u>Adj's</u></th> </tr> </thead> <tbody> <tr> <td>Minimum Usage:</td> <td>0.00</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Std Hrly/Flat Chgs:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>OT/Trvl/ 2nd Hr Chgs:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Service Fee</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Extra Service/Grat:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Cell Ph Min:</td> <td><u>OUT:</u></td> <td><u>IN:</u></td> <td></td> <td></td> </tr> <tr> <td>Parking</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Early-Late:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Intl Gate:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>STC:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Surcharge:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sub-Total Charges:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Payments, Deposits, or Disc:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Estimated Charges:</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	<u>Charge Item</u>	<u>Quantity</u>	<u>Rate</u>	<u>Amount</u>	<u>Adj's</u>	Minimum Usage:	0.00				Std Hrly/Flat Chgs:					OT/Trvl/ 2nd Hr Chgs:					Service Fee					Extra Service/Grat:					Cell Ph Min:	<u>OUT:</u>	<u>IN:</u>			Parking					Early-Late:					Intl Gate:					Other:					Other:					STC:					Surcharge:					Sub-Total Charges:					Payments, Deposits, or Disc:					Estimated Charges:				
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Thank you for choosing A Goff Transportation / Old Dominion Charter. You agree that you will be responsible for all charges for this service, overtime and changes, including the cost of collection through appeals. Venue for any legal proceedings shall be Greene Co., VA.
 DEPOSIT/CANCELLATION POLICY: A deposit of \$100.00 per bus, per day, (up to \$500.00) is required and is refundable up to two weeks prior to the reservation. Thereafter, the deposit is non-refundable, except for instances of inclement weather. All service is subject to the A Goff Limo.com tariff on file with the State of Virginia. RETURN CONTRACT, ALONG WITH YOUR DEPOSIT, WITHIN 10 DAYS, TO THE ADDRESS ABOVE.

Client/Pass Signature: _____

Driver: _____

Date printed: 3/1/2005