METROPOLITAN SHUTTLE - REQUEST FOR BOOKING/CHARTER
GSA SIN 411-1 – Ground Passenger Transportation Services
NAICS 485999 and 532111
FAX SHEET

Today's Date _____

Department/Bureau/Division/Office:			
Contact Last Name:	_____	**Contact First Name:**	_____
Contact Phone #:	_____	**Contact FAX:**	_____
Contact email:	_____		
Billing Street Address:	_____	**Suite/Room:**	_____
City:	_____	**State** _____	**Zip Code:** _____ - _____
Have you Used Metropolitan Shuttle Before? ☐ **Yes** ☐ **No**		**If so, when?**	_____
Type of Transportation Service Needed:			
Local Service ☐	**Long Distance** ☐	**Shuttle** ☐	
Type of Vehicle Needed:			
Coach (47 – 55) ☐	**Mini-bus (26)** ☐	**Van (10 – 12)** ☐	**Sedan** ☐
Number of Passengers: _____		**Multiple Day Charter?** ☐ **Yes** ☐ **No**	
Duration of Charter:			
Charter Start Date	_____	**Charter End Date**	_____
Charter Start Time	_____	**Charter End Time**	_____
Pick-up:			
Pick-up Street Address	_____		
City:	_____	**State** _____	
Destination:			
Destination Address	_____		
City:	_____	**State** _____	
Charter Description:			
Ground Contact Name	_____	**Ground Contact Cell #:**	_____

FAX THIS SHEET TO: 301-933-5953