

Day.....

Date.....

GENESSEE TRANSPORTATION INC.

355 Port Land Ave, Rochester NY 14605
Phone: 585-256-1510, Fax: 585-256-1518

Passenger Name.....With Escorts.....Yes.....No

Address.....City/Town.....Zip.....

Phone # :.....Apt,#:

.....Ambulatory.....Wheel Chair Our Own Regular Wide.....Stretcher

Special Consideration Steps#..... Oxygen 2nd Man Assist Other.....

PU Time.....AM/PM with Transportation From.....

Appointment Time:at:

Return PU Time:AM/PM or will call for transportation to:

Date Ordered:Ordering Party - Name:

Address.....

AgencyPhone.....

Payment to be..... Charge.....Check.....Cash.....Billing Agency.....Bill POA.

.....Medicaid #.....Date of Birth.....

Credit Card Holders Info: Name.....

Address.....

.....Zip.....

Phone.....

Credit Card Type Visa.....Master cardDiscover.....

Account #..... Exp. Date.....Security Code..... (3 digits)

Authorization # Authorized AmountDate.....

NEED TO BE FILLED BY OFFICE

ODOMETER READINGS & SIGNATURE

P/U Vehicle #.....Driver.....Time.....Odometer.....

RPU Vehicle #.....Driver.....Time.....Odometer.....

P/U Vehicle #.....Driver.....Time.....Odometer.....

RPU Vehicle #.....Driver.....Time.....Odometer.....