



**CHARTER BUS QUOTATION & RESERVATION FORM NO QUOTE:**   
 IFB No. 21-15 Title: **CHARTER BUS SERVICES (ANNUAL CONTRACT)**

*Note: This quote form must be used for all extra-curricular trips under this contract. Vendor quotation forms shall not be accepted. IFB 21-15 terms, conditions and specifications shall supersede any terms, conditions and specifications attached by vendor. Quoted costs stated on the form shall be firm.*

**TO BE COMPLETED BY REQUESTING SCHOOL, SERVICE SITE, OR DEPARTMENT**

*(Print or Type Only)*

School/Dept/Service Site: \_\_\_\_\_ Site Representative: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Group/Team Name: \_\_\_\_\_ Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Trip Departure Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m.  p.m.  Trip Return Date: \_\_\_\_\_ Return Time: \_\_\_\_\_ a.m.  p.m.   
 Number of Passengers: \_\_\_\_\_ Number of Buses Required: \_\_\_\_\_ Loading Area Details: \_\_\_\_\_  
 Pick Up Location Name & Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_  
 Destination Location Name & Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_  
 Additional Comments: \_\_\_\_\_  
 Bus accessories needed: (Y/N): Restroom: \_\_\_\_\_ Wheelchair Lift: \_\_\_\_\_ DVD/VCR: \_\_\_\_\_ Wifi: \_\_\_\_\_ 110V Outlets: \_\_\_\_\_

**COST PROPOSAL - TO BE COMPLETED BY VENDOR**

Rates shall be inclusive of all aspects of services required. No additional costs, expenses or surcharges (i.e., fuel, vehicle maintenance, travel time, Visa™ purchasing card processing fee, driver's gratuities, etc.) will be accepted.

Vendor: \_\_\_\_\_ Account Representative: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Bus offered have: (Y/N): Restroom: \_\_\_\_\_ Wheelchair Lift: \_\_\_\_\_ DVD/VCR: \_\_\_\_\_ Wifi: \_\_\_\_\_ 110V Outlets: \_\_\_\_\_

Notes: \_\_\_\_\_

Bus Capacity	# of Buses	Minimum Trip (5 Hours)	Minimum Total	Add'l Hourse (Total for all buses)	Hourly Rate	Totals	or	# of Buses	Avg. Mileage	Mileage Rate	Totals
20-29											
Passengers	_____ x	\$ _____ =	_____ +	_____ x	\$ _____ =	\$ _____		_____ x	_____ x	_____ =	_____
30-47											
Passengers	_____ x	\$ _____ =	_____ +	_____ x	\$ _____ =	\$ _____		_____ x	_____ x	_____ =	_____
48-55											
Passengers	_____ x	\$ _____ =	_____ +	_____ x	\$ _____ =	\$ _____		_____ x	_____ x	_____ =	_____
Other:											
Passengers	_____ x	\$ _____ =	_____ +	_____ x	\$ _____ =	\$ _____		_____ x	_____ x	_____ =	_____

Vendor certifies that upon signing this form, vendor hereby commits to quoted price offered to perform work in accordance with IFB 21-15; that the buses offered for this reservation shall be available at time of performance of service; and that buses offered have the amenities required for this booking.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**RESERVATION CONFIRMATION INFORMATION**

Payment Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**FORM OF PAYMENT** (Check One Only):  Internal Purchase Order: PO#: \_\_\_\_\_  
 District Purchase Order: PO# \_\_\_\_\_  
 District Procurement Card (P-Card)  
 Name on P-Card: \_\_\_\_\_  
 P-Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*\* Note : If paying by P-Card, provide P-Card number and expiration date at the time of the reservation confirmation, not when requesting a quotation from the vendor. Maximum booking total of \$6250 for any and all P-Card tendered transactions. Split transactions for this contract only are pre-approved below the \$6250 threshold.*

**Reservation Confirmation by School Board of Alachua County:** The above quote has been examined in accordance with IFB 21-15 and is hereby accepted.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*\* Note : A booking Confirmation email shall be sent by vendor within one business day of receipt of Reservation Confirmation from reserving school/department. The reservation is not confirmed until receipt of the booking confirmation email.*