



CHARTER BUS QUOTATION & RESERVATION FORM NO QUOTE: []
IFB No. 17-02 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 17-02 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:

Table with columns: Bus Capacity, # of Buses, Minimum Trip (5 Hours), Minimum Total, Add'l Hourse (Total for all buses), Hourly Rate, Totals, # of Buses, Avg. Mileage, Mileage Rate, Totals

Vendor certifies that upon signing this form, vendor hereby commits to quoted price offered to perform work in accordance with IFB 17-02; 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 (Mark 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 \$6000 for any and all P-Card tendered transactions. Split transactions for this contract only are pre-approved below the \$6000 threshold.

Reservation Confirmation by School Board of Alachua County: The above quote has been examined in accordance with IFB 17-02 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.