Appendix A

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 ONLY)

School/Dept/Service Site: _____ Site Representative: _____

Phone: _____ Fax: _____ Email: _____

Group/Team Name: _____ Emergency Contact Name: _____ Phone: _____

Trip Departure Date:_____ Departure Time: _____ A.M./P.M. Trip Return Date: _____ Return Arrival 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: _____

BUSES OFFERED HAVE check all that apply (√)**:** Restroom: _____ Wheelchair Lift: _____ DVD/VCR: _____ Wifi: _____ 110V Outlets: _____

Notes: _____

Bus Capacity	# of Buses	Minimum Trip (5 Hours)	Minimum Total	Addt'l Hours (Total for all buses)	Hourly Rate	**TOTAL $**	OR	# of Buses	Avg. Mileage	Mileage Rate	**TOTAL $**
20-29 Passenger	_____ x	$_____ =	_____ +	_____ x	$_____	= $_____		_____ x	_____ x	_____ =	_____
30-47 Passenger	_____ x	$_____ =	_____ +	_____ x	$_____	= $_____		_____ x	_____ x	_____ =	_____
48-55 Passenger	_____ 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 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 *Check One Only* (√)**:** ☐ Internal Purchase Order: P.O.# _____

Distrcit Purchase Order: ☐ P.O.# _____ ☐ 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.*