

QUOTE FORM
THE SCHOOL BOARD OF BROWARD COUNTY
EXTRA-CURRICULAR TRIP ITINERARY REQUEST/PROPOSAL - RFI 21-089N

School/Department: _____ Contact Person: _____
 Fax Number: _____ Phone Number: _____
 Trip Departure Date: _____ Departure Time: _____
 Return Date: _____ Return Time: _____
 Number of Buses Required: _____ Bathrooms: Yes _____ No _____
 VCR: Yes _____ No _____
 Destination/Itinerary: _____

COST PROPOSAL: (TO BE COMPLETED BY VENDOR)
MARANATA SCHOOL BUS SERVICES, CORP.

Fax Number: (305) 260-0732
 Phone Number: (305) 264-8423

TRI-COUNTY AREA:

_____ Bus (es) x _____ hours @ \$ _____ 46.00 _____ per hour = \$ _____
(minimum hours) 4

Any additional hours..... \$46.00

(All inclusive cost, including but not limited to costs of drivers, drivers lodging, gratuity, fuel, insurance, maintenance of buses, tolls and parking fees) (if applicable).

GRAD NIGHT:

_____ Bus (es) @ \$ _____ N/A _____ = \$ _____

(All inclusive assuming departure at 5:00 p.m. and return at 10:00 a.m. via Florida Turnpike)

Additional hours @ \$ _____ per hour = \$ _____

TOTAL COST:

(All inclusive cost, including but not limited to costs of drivers, lodging, gratuity, fuel, insurance, maintenance of buses, tolls and parking fees.) = \$ _____
 (if applicable)