

TRANSPORTATION QUOTE/ORDER FORM

To receive a quote for your bus transportation request, please complete Sections 1 and 2 below and then fax this form to ICS at 917-791-8493. ICS will secure price quotes for you (Section 3) and fax this form back to you in order for you to select your vendor for this charter.

Section 1:

ORGANIZATION: _____

DATE OF TRIP: _____ **RETURN DATE:** _____

INITIAL PICK UP ADDRESS: _____ **Time of Pickup:** _____ *am/pm*

FINAL DESTINATION ADDRESS: _____ **Time of Return:** _____ *am/pm*

For trips with multiple destinations please complete page 2 and then proceed to section 2 below.

Section 2: TRIP DETAILS

REQUESTED VEHICLE: _____ **COACH BUS:** Yes / No **SCHOOL BUS:** Yes / No

TOTAL NUMBER OF BUSES: _____ **NUMBER OF PASSENGERS:** _____

TEL NUMBER: _____ **FAX NUMBER:** _____

CONTACT E-MAIL: _____

REQUESTED BY: _____

(Please print)

Section 3: ICS use only

Please indicate the vendor you have selected by checking the appropriate box (to the right) and by signing the form at the bottom. Once completed, please fax this back to ICS at 917-791-8493 and we will promptly process your order.

				select quote
_____	PRICE QUOTED: \$	_____	\$	<input type="checkbox"/>
		per bus	# of Buses	Total Cost
_____	PRICE QUOTED: \$	_____	\$	<input type="checkbox"/>
		per bus	# of Buses	Total Cost
_____	PRICE QUOTED: \$	_____	\$	<input type="checkbox"/>
		per bus	# of Buses	Total Cost

CHECK BOOKING AGENT: MAGDOLINE MESSIEHA

Tel: 646-794-2615

Email: Magdoline.Messieha@nyics.org

CUSTOMER CONFIRMATION OF ORDER:

SIGNED: _____ **DATE:** _____

TITLE: _____



1011 First Avenue New York, NY 10022
 Tel: 646-794-2615; Fax: 917-791-8493
www.nyics.org

Entity Name	
Trip Date	
No. of Travelers	
No. of Stops	
Trip Coordinator	

BUS ITINERARY

Date	Pickup #	Departing Location	Pickup Time	Destination	Estimated Arrival Time
	INITIAL		am/pm		am/pm
	2	Street Address: City, State Zip:	am/pm	Street Address: City, State Zip:	am/pm
	3	Street Address: City, State Zip:	am/pm	Street Address: City, State Zip:	am/pm
	4	Street Address: City, State Zip:	am/pm	Street Address: City, State Zip:	am/pm
	5	Street Address: City, State Zip:	am/pm	Street Address: City, State Zip:	am/pm
	FINAL	Street Address: City, State Zip:	am/pm	Street Address: City, State Zip:	am/pm