

**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 718-504-3956. 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**

_____ <b>PRICE QUOTED:</b>	_____	_____	<b>\$0</b>	<input type="checkbox"/>
	per bus	# of Buses	Total Cost	
_____ <b>PRICE QUOTED:</b>	_____	_____	<b>\$0</b>	<input type="checkbox"/>
	per bus	# of Buses	Total Cost	
_____ <b>PRICE QUOTED:</b>	_____	_____	<b>\$0</b>	<input type="checkbox"/>
	per bus	# of Buses	Total Cost	

**CHECK BOOKING AGENT:**

Tel: 646-794-2600

Email: [Orders@nyics.org](mailto:Orders@nyics.org)

**CUSTOMER CONFIRMATION OF ORDER:**

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_