

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

DESTINATION ADDRESS: _____

RETURN 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 718-504-3956 and we will promptly process your order.

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

CHECK BOOKING AGENT:

Tel: 646-794-2600

Email: Orders@nyics.org

CUSTOMER CONFIRMATION OF ORDER:

SIGNED: _____ **DATE:** _____

TITLE: _____



1011 First Avenue New York, NY 10022
 Tel: 646-794-2600; Fax: 718-504-3956
 Website www.nyics.org Email: Orders@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	Street Address:	am/pm	Street Address:	am/pm
		City, State Zip:		City, State Zip:	
	2	Street Address:	am/pm	Street Address:	am/pm
		City, State Zip:		City, State Zip:	
	3	Street Address:	am/pm	Street Address:	am/pm
		City, State Zip:		City, State Zip:	
	4	Street Address:	am/pm	Street Address:	am/pm
		City, State Zip:		City, State Zip:	
	5	Street Address:	am/pm	Street Address:	am/pm
		City, State Zip:		City, State Zip:	
	FINAL	Street Address:	am/pm	Street Address:	am/pm
		City, State Zip:		City, State Zip:	

Bus Company Quote Price: _____

Bus Company Name: _____

Bus Company Rep: _____

Signature

Print Name



1011 First Avenue New York, NY 10022
 Tel: 646-794-2600; Fax: 718-504-3956
 Website www.nyics.org Email: Orders@nyics.org

Entity Name	ICS
Trip Date	May 2, 2016
No. of Travelers	25
No. of Stops	3
Trip Coordinator	Maggie Messieha

BUS ITINERARY

Date	Pickup #	Departing Location	Pickup Time	Destination	Estimated Arrival Time
01/00/00	INITIAL	ICS 1011 First Avenue New York NY 10022	am/pm	Six Flags Great Adventure Jackson, NJ	10:00 AM
MM/DD/YY	2	Six Flags Great Adventure Jackson, NJ	5:00 PM	Santo's Italian Deli & Restaurant 83 S. Main Street Edison NJ 08837	6:00 PM
MM/DD/YY	3	Santo's Italian Deli & Restaurant 83 S. Main Street Edison NJ 08837	7:30 PM	ICS 1011 First Avenue New York NY 10022	9:00 PM
MM/DD/YY	4				
01/00/00	FINAL				