

**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**

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

**CONFIRM CHARTER - CONTACT YOUR ICS REPRESENTATIVE OR ICS CUSTOMER CARE:**

Tel: 646-794-2600

Email: [Orders@nyics.org](mailto: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](http://www.nyics.org) Email: [Orders@nyics.org](mailto: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: |                        |

Customer Signature:

\_\_\_\_\_

Signature

\_\_\_\_\_

Print Name