

TRANSPORTATION QUOTE/ORDER FORM

To receive a quote for your bus transportation request, please complete Sections 1 and 2 below and then e-mail this to ICS at **Orders@nyics.org** OR fax back to **718-504-3956**. ICS will secure price quotes for you (Section 3) and return the form to you in order for you to select your vendor for this charter. (**NOTE**: You may TYPE directly on to this form and save the file as a document before emailing it back to Orders@nyics.org).

Section 1:

ORGANIZATION: _____

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

INITIAL PICK UP ADDRESS: _____ **Time of Pickup:** _____

DESTINATION ADDRESS: _____

RETURN ADDRESS: _____ **Time of Return:** _____

IF THERE ARE MULTIPLE STOPS FOR THIS TRIP, CONTACT OUR CUSTOMER CARE GROUP AT 646-794-2600.

Section 2: TRIP DETAILS

REQUESTED VEHICLE: **COACH BUS** **SCHOOL BUS**

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

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

CONTACT E-MAIL: _____

REQUESTED BY: _____

(Please print)

Section 3: ICS use only

Indicate the vendor you have selected by checking the appropriate box (to the right) and by signing the form at the bottom; send to ICS: email - **Orders@nyics.org**, or FAX - **718-504-3956**. We will promptly process your order.

select quote

_____	PRICE QUOTED:	_____		_____
		per bus		# of Buses
				Total Cost
_____	PRICE QUOTED:	_____		_____
		per bus		# of Buses
				Total Cost
_____	PRICE QUOTED:	_____		_____
		per bus		# of Buses
				Total Cost

CHECK BOOKING AGENT:

Tel: 646-794-2600

Email: Orders@nyics.org

CUSTOMER CONFIRMATION OF ORDER:

SIGNED: _____ **DATE:** _____

TITLE: _____