CLEAR
FORM

## Transportation Request – Exhibit A (For TSX Approved Carriers Only)

Complete this form and send/email to three approved carriers to secure trip quotes.

Customer Contac	t Information:						
School/Office:				Date Prepared:			
Street Address:							
City/State/Zip:							
Contact:				Email:			
Phone:		Cell:		Fax:			
Trip Information.							
Trip Information:		D 1 T		" ( =			
Departure Date:		Departure Time:		# of Travele			
Equipment Preference:	<del> </del>			# of Buses/Coach	<del>3</del> 8:		
Departure Location:	<del> </del>						
Street Address:	<del> </del>						
City/State/Zip:							
Destination Location:							
Street Address:							
City/State/Zip:	L						
Detailed Itinerary / Daily Schedule: (If not traveling straight through, also list stops)							
Time:		Activity:					
TIme:		Activity:					
Time:		Activity:					
Time:		Activity:					
Time:		Activity:					
Return Date:		<u>.</u>					
Return Time:							
Equipment/Service Information:							
1) Will the bus/coach wait for return trip? (yes/no)							
2) Is the bus/coach needed for use at the destination? (yes/no)							
3) If overnight trip, are driver accommodations/meals included? (yes/no)							
4) Are there any special requirements (handicap needs)?							
5) Are there any other requirements (bathroom, A/C, Heat, DVD, Wi-Fi, etc.)?							
6) Do you have any other questions?							
<u> </u>	•						

## **Vendor Response / Quote**

(This section is for vendor use only)

Vendor must provide a response to this request within three (3) business days!

Motor Coach Contact Information						
Company Name:		Quote Date:	_			
Street Address:			_			
City/State/Zip:						
Contact:		Email:				
Phone:	Cell:	Fax:				
Amount Due if Quote Accepted by Customer						
Base Price:						
Variable Price:	Variables:					
Gratuity:						
Driver Expenses:	Specifics:					
Deposit (20% max):	Due by Date:					
Charter Grand Total:						
Payments Received:						
Balance Due:						
			,			
Vendor Signature:		Date:				
Terms of Payment						
Terms of Layment						
A maximum deposit of 20% of the charter grand total as shown on the approved quote and/or Purchase Order will be paid to the vendor when the approved quote and/or Purchase Order is issued. Any gratuity and/or						

will be paid to the vendor when the approved quote and/or Purchase Order is issued. Any gratuity and/or variables are included in the grand total amount. The final payment will be paid to the vendor (not to the driver) based on the grand total amount less the deposit previously paid to the vendor. Payment will be mailed to the vendor within five (5) business days upon satisfaction by customer for services rendered. If the vendor does not meet its obligations with respect to non-safety issues, the customer has the right to liquidated damages. See the MCPS Bus or Motor Coach Operator Master Agreement for details.

Signature	Date:	
Principal/Administrator:		