Port Chester - Rye Union Free School District

Bus Trip Request for Reservation



Acceptance of Quote

Please print:

1. Trip Information (Completed by Teacher Contact)

Teacher Contact: _____

Date of Trip: _____

School: _____

Group (Grade/Class/Team/etc.): _____

Departure Time: _____

Departure Location: _____

Required Arrival Time to First Destination: _____

Trip Intinerary:

Destination #1: _____

Destination #2: _____

Destintation #3: _____

Leave Time from Departure Location: _____

Return Trip Departure Location: _____

Number of Students: _____ ***Adults:*** _____

_____

Signature of Building Administrator

Fax REQUEST FOR RESERVATION to:
Donna Martin at Business Office 939-9240

For use by County Coach ONLY:

Number of Buses: _____

Cost per Bus: $ _____

Number of Vans: _____

Cost per Van $ _____

Total Price Quoted: $ _____

Quote By: _____

Quote Date: _____

Quote is valid until date of trip.

Fax QUOTE to:
Donna Martin 939-9240

3. Completed by Teacher Contact

The teacher contact has reviewed and accepts the reservation as quoted to the left. Changes in ridership made less than 3 days from the departure date may NOT reduce the cost of transportation. **

The cost of transporation will be paid by:

PTA (Name): _____

GRANT (Specify): _____

School: _____

_____

Signature of Teacher Contact*

****PLEASE do not sign this form until you are accepting the quote.***

Fax ACCEPTANCE to:
Donna Martin 939-9240

County Coach: Trip Booked by: