



Request for Quote: Charter Bus Services

Requested By	Department
Name of Group/Purpose of Trip	
Contact Phone #	E-Mail Address
Type of Vehicle(S) Requested	

	Type of Vehicle(s) Requested	Quantity
<input type="checkbox"/>	18-passenger shuttle	
<input type="checkbox"/>	35-passenger shuttle	
<input type="checkbox"/>	56-passenger coach	
<input type="checkbox"/>	Other (please specify):	

Will Passengers Have Additional Items to Transport (Luggage, Large Boxes)?

☐ No

☐ Yes (Please provide specifics: How many items? What kinds of items?)

SERVICE REQUIREMENTS Attach additional pick up/drop off information if needed on a separate sheet.

Pick Up Date	Pick Up Time	Detailed Address Required		Drop Off Time (Goal)*	# Of Passengers
		Pick up location	Drop off location		

Please Specify If Any Special Accommodations Are Required (I.e., Wheelchair Access):

NYIT contact information for the chartered event date(s)			
Contact name		Phone #	
Contact name		Phone #	

****BELOW TO BE COMPLETED BY THE CHARTER BUS FIRM****

Cost of trip (inclusive of fuel, tolls, and parking):	\$
Plus cost of driver(s)' meals (for overnight trips ONLY):	\$
TOTAL TRIP COST:	\$

Pricing submitted by		Date	
Title		Company Name	
Phone #		Email address	