

Specialty Transportation, Inc.

Hartford: 860-549-0616 ext 202 | Fax 860-549-0630 Avon: 860-470-7200 | Fax 860-470-7097

Request for Quote

Date of request: _____

Your Name: _____ Contact Phone: _____

Contact Email: _____ Contact Fax: _____

Type of Bus Requested

44 Passenger Air Conditioned Activity Bus (Quantity) _____

24 Passenger Air Conditioned Activity Bus (Quantity) _____

47 Passenger (71 small children) Full Size School Bus (Quantity) _____

21 Passenger (29 small children) Mini School Bus (Quantity) _____

Wheelchair Accessible Mini School Bus (Quantity) _____

22 Passenger Party Bus _____

Trip Details

Date of Trip: _____

Pick up location or address: _____

Additional Pickup location: _____

Time of pick up: _____ [] AM [] PM

Destination location or address: _____

Additional planned stop addresses or locations:

1) _____

2) _____

Time bus leaves destination: _____ [] AM [] PM Expected time of drop off: _____ [] AM [] PM

Special Instructions:

Quote

Rate: _____ Misc: _____ Gratuity (If applicable): _____ Total: _____

Hourly rate of overtime: _____ Quoted by: _____ Phone _____

NO BUS IS RESERVED UNTIL CONFIRMED BY CONTRACT & RECEIPT OF DEPOSIT