

Specialty Transportation, Inc.

West Hartford: 860-947-2020 | Fax 860-947-2021 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) _____

19 Passenger Mini School Bus (Quantity) _____

Wheelchair Accessible Mini School Bus (Quantity) _____

22 Passenger Party Bus _____

30 Passenger Luxury Shuttle Bus _____

12 Passenger Luxury Sprinter _____

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