

**THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA**  
**SCHOOL BUS ITINERARY - ~~XXXXXXXX~~ ITB 18-014R**  
**QUOTATION FORM**

*Note: This quote form must be used for all extra-curricular trips under this contract and vendor must respond back to School/Department using this quotation form. **No other quote vendor forms shall be used.** Costs must be "All Inclusive" and must be stated on this form before quotation will be considered by SBBC from vendor. Vendor shall not substitute mini-buses or mini-vans for the buses stated on this quote form. RFP 14-064V terms, conditions and specifications shall supersede any terms, conditions and specifications attached by vendor. Costs stated on this quote form shall be firm and as stated.*

**TO BE COMPLETED BY SCHOOL/DEPARTMENT**

School/Department: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Group/Team Name: \_\_\_\_\_ Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Trip Departure Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_ Trip Return Date: \_\_\_\_\_ Return Time: \_\_\_\_\_  
 Number of Buses Required: \_\_\_\_\_ Number of Passengers: \_\_\_\_\_ Loading Area: \_\_\_\_\_  
 Pick up Information: \_\_\_\_\_  
 Destination Information: \_\_\_\_\_  
 Type of bus accessories needed:  Air Conditioned  Restroom  Wheelchair Lift  DVD/VCR

**CONFIRMATION INFORMATION**

Payment Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Date: \_\_\_\_\_  
 Form of Payment: Check One →  School Check  Cash  District Purchase Order Number \_\_\_\_\_  
 Internal Funds Purchase Order \_\_\_\_\_  District Procurement Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

**COST PROPOSAL: (TO BE COMPLETED BY VENDOR)**

All rates shall include all fuel surcharges, driver(s), trip charges, transfer rates, mileage rates, tolls and parking fees. No additional service criteria or charges will be accepted unless specifically stated on this Quote Form.

VENDOR: **ALWAYS ON THE GO**  
 Contact: Javier Nanaza

Fax Number: 954-436-6070  
 Phone Number: 954-436-3710  
 Email Address: [alwaysonthegobuses@hotmail.com](mailto:alwaysonthegobuses@hotmail.com)

BUS TYPE OFFERED:  School Bus

**SINGLE DAY TRIPS**

\_\_\_\_\_ Bus(es) x \_\_\_\_\_ hours @ \$ ~~100.00~~ <sup>65.00</sup> per hour = \$ \_\_\_\_\_  
 (minimum hours) 4

**MULTIPLE DAY TRIPS**

\_\_\_\_\_ Bus(es) x \_\_\_\_\_ days @ \$ 225.00 per day = \$ \_\_\_\_\_