

COMMERCIAL CARRIER REQUEST FOR QUOTE

Table below completed by Pinellas County Schools:

DATE:		FROM:	
PCSB Contact Name:			
Telephone/Fax:			
E-mail:			
Pick up Location			
Destination/# of Passengers:			
Date/Time of Pickup:			
Date/Time of Drop Off:			

Table below completed by Vendor, Include all relevant items in your quote:

All pricing must match your bid pricing per Bid# 20-962-002-RN

Vendor Name:			
Contact Name:			
Telephone/Fax:			
E-mail:			
Date/Time of Pickup:			
Date/Time of Drop Off:			
Vehicle Type/Passenger Size:			

In County Flat Rate		Quotation Amount
Flat Rate Includes Parking/Toll Fees:	# of Hours	\$
Cost per time increment to be added to, or deducted from the above rates for in-county trips which vary from the time durations listed above, per hour	# of Hours	\$
IN COUNTY QUOTE TOTAL:		\$

Out of County Flat Rate		Quotation Amount
Flat Rate 4 hours per Vehicle Size Includes Toll Fees:		\$
Per Hour Rate Over 4 Hours	# of Hours	\$
Daily Rate Multiple Night Trips Includes Toll Fees	# of Days	\$
Out of County Miscellaneous Fees		Quotation Amount
Mileage Over 250 Miles :	Total Miles	\$
Parking Fees:		\$
Relief Driver:		\$
Hotel Stay:		\$
OUT OF COUNTY QUOTE TOTAL:		\$