



**\*\*\*Must be submitted 2 weeks prior to date of trip to ensure availability of drivers and buses\*\*\***

## Trip/Charter Quote

- Teacher/Coordinator Complete Top Section of Form
- School Secretary Complete Billing Info with Signature
- Call for bus time approval prior to sending completed form if times are before/after 8:45am and 2:30pm
- Send to Durham

### Trip Information:

**All Fields Must Be Filled Out Completely**

Date of trip: \_\_\_ / \_\_\_ / \_\_\_

School: \_\_\_\_\_ Grade/Group Name: \_\_\_\_\_

### Destination(s) with Address(es):

\_\_\_\_\_  
\_\_\_\_\_

Number of Buses: \_\_\_\_\_ Student/Adult Head Count: \_\_\_\_\_ / \_\_\_\_\_ (71 people per bus, 3 to a seat)

Pick up at School time: \_\_\_\_\_ Drop-off at School time: \_\_\_\_\_

**\*\*\*\*\**(No earlier than 8:45 am Pick-up time and no later than 2:30 pm drop-off time without Durham approval. Must call Durham prior to submitting the form if times of trip are earlier or later than 8:45 am and 2:30 pm.)*\*\*\*\*\***

Wheelchair Bus Needed: Y / N      How Many Wheelchairs: \_\_\_\_\_

Teacher/Coordinator ordering trip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Teacher/Coordinator Email Address: \_\_\_\_\_

### **Billing Information: (For school Office Use Only)**

Account #: \_\_\_\_\_

School/Company Name: \_\_\_\_\_ Billing Contact: \_\_\_\_\_

Secretary Contact # & Email: \_\_\_\_\_

Principal Contact# & Email: \_\_\_\_\_

**Principal/Secretary Signature: *(Must have approval signature to book trip and secure bus)***

\_\_\_\_\_

### **Durham Office Use Only**

Approved On: \_\_\_\_\_

Quoted Price: \_\_\_\_\_

Approved By: \_\_\_\_\_

(This is just a quote. The price may vary depending on time and miles actually traveled)

Katrina Zimmerman-Dispatch/Trip Coordinator

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