



*****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

Quoted Price: _____

Approved On: _____

Approved By: _____

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

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