

Charter Request Quote Form

TRIPS@CUSD80.COM

Office: 480-812-7283 or 480-812-7285

Review Page 4, then complete pages 1 through 3 and email all 3 pages to TRIPS@CUSD80.COM

This form must be received by the Trip Coordinator 15 school days prior to departure date. Please be advised that all approvals must be completed at the principal level and the trip must be entered into the field trip program 10 school days prior to departure date.

Date of Request: ____ / ____ / 20 ____

IFAS Code Name: _____

Trip Ticket #: _____ (Required)

IFAS Code: _____

Code and Code name is **required** for ALL Charters. If the code name is not listed in your Trip Tracker drop down, the code name and number, **not** this form, **must** be sent to transportation,

School: CHS / CASTEEL / BHS / HHS / PHS / ACP-OC / AJH / BJH / PJH / SJH / WJH / ACP-EC

If schools are **sharing** a bus, please circle the schools above. If schools are not listed above, write them on the line below marked "Other" and complete the "Sharing" section on Page 2.

Other: _____

School Trip Site Tech Name & Phone #: _____ (____) _____ - _____

Name & Cell Phone # of teacher going on the trip: _____ (____) _____ - _____

Please note: Returning (RT) to school is **not** considered a destination.

DEPARTURE Date: ____ / ____ / 20 ____

DEPART Time (from school): _____ AM / PM

____ # of Adults / ____ # of Students

Destination 1 (Name): _____

Destination 2 (Name): _____

Address: _____

Address: _____

City: _____

City: _____

State: ____ / Zip: _____

State: ____ / Zip: _____

Destination Phone: (____) _____ - _____

Destination Phone: (____) _____ - _____

If going on a tour or seeing a show/play*:

If going on a tour or seeing a show/play*:

What time do you need to be at the destination? _____ AM / PM

What time do you need to be at the destination? _____ AM / PM

*Start time: _____ AM / PM

*Start time: _____ AM / PM

*End time: _____ AM / PM

*End time: _____ AM / PM

This timeline + travel time will determine what time you need to depart the school

This timeline + travel time will determine what time you need to depart the school

LEAVE Date (from Destination): ____ / ____ / 20 ____

LEAVE Date (from Destination): ____ / ____ / 20 ____

LEAVE Time (from Destination): _____ AM / PM

LEAVE Time (from Destination): _____ AM / PM

RETURN Date (Back to school): ____ / ____ / 20 ____

Return Time (Back to school): _____ AM / PM

Chandler Unified School District Trip Coordinator Use Only

Charter Fax #: (____) _____ - _____

Charter Company: _____

Charter #: _____

Deadline for quote to be considered for this trip: ____ / ____ / ____ Time: _____ AM / PM

Include on your quote "Quote good until ____ / ____ / 20 ____"

PO # _____ must be included on quotes and invoices for payment. / ____ Winter Mountain Trip*

Comments: _____

*Invoices for OUT OF TOWN trips and Winter Mtn Trips MUST include: 1) Breakdown of driver's hours, 2) mileage.

All invoices must be submitted within 10 business days after the date of the trip.

Date sent: ____ / ____ / 20 ____

Time sent: _____ AM / PM

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Check ALL that apply to your trip. These items must be included in your typed time line itinerary:

Field Trip: _____
 Athletic (sport): _____
Game Time: _____ AM / PM / Any oversize equipment: (e.g.: Pole vaults) _____
 Orchestra / Band: Is your group taking instruments? Yes / No
If yes, list the instrument(s) & quantity of each instrument. (e.g.: 2 cello / 3 bass / 4 Tuba / 2 bass drums) _____
 Drama/Theatre: Is your group taking **anything** oversize? Yes / No
If yes, provide dimensions for the charter company to determine if the item(s) will fit in the undercarriage.
Include width, length, height, weight and what the item is made of (e.g.: wood, metal, plastic, foam):
W _____ L _____ H _____ / Weight _____ (lbs) / Type of material _____

Is the cost of the charter going to be split between IFAS Codes? Yes / No
➤ If yes, please provide codes and distribution amounts: _____ Amount
➤ _____ Amount
Is the cost of the charter going to be split between schools? Yes / No
➤ If yes, complete the "SHARING" section below. If an IFAS Code is not provided for each school sharing the cost of the trip, the entire trip will be billed to the school initiating the trip.
➤ If no, the initiating school will be billed for the total cost of the trip.
➤ A teacher is required to be on the bus for each school and the contact information must be completed.

SHARING: This section is to be completed only if multiple schools are being picked up.

School Name and Address: _____
PU & DO Location (Note: Will be bus loading in most cases) _____
PU Time: _____ AM / PM / _____ Students / _____ Adults / IFAS Code: _____
Contact Name (must be riding on the bus) _____ / Cell # _____ / _____ / _____

School Name and Address: _____
PU & DO Location (Note: Will be bus loading in most cases) _____
PU Time: _____ AM / PM / _____ Students / _____ Adults / IFAS Code: _____
Contact Name (must be riding on the bus) _____ / Cell # _____ / _____ / _____

School Name and Address: _____
PU & DO Location (Note: Will be bus loading in most cases) _____
PU Time: _____ AM / PM / _____ Students / _____ Adults / IFAS Code: _____
Contact Name (must be riding on the bus) _____ / Cell # _____ / _____ / _____

School Name and Address: _____
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PU Time: _____ AM / PM / _____ Students / _____ Adults / IFAS Code: _____
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CHARTER cost is based on, but not limited to capacity, duration of trip, mileage and changes to itinerary during trip. Charter buses are **not** wheelchair accessible (no lift). No poles can be suspended to hang clothing inside the bus.

Full Size Charters: Have restrooms, interior overhead storage & undercarriage (3'H x 12'W x 4'L) times 2.

Sizes are: **47 Pas** / **49 Pas** / (If Available - **55 Pas**) /

Charter – Tour (paying for: guide, administrative fees, education supplies, lunch/dinner (choice of food)
 Bathroom

DVD Players (Charter will try to set up, however will not provide movies. You have to bring your own)

Movies require principal's approval: _____

Principal's Signature & Date are required

Itinerary is required for all charters (Time Line - Please be specific)

Be advised that changes to your itinerary during the trip, may impact the cost of your trip

Charter to STAY w/group Out of State (_____) One-Way Only:
 DROP
 PICK

Stop for meal(s) / When & where: _____

(PLEASE PROVIDE THE NAME AND ADDRESS OF WHERE YOU WOULD LIKE TO STOP FOR A MEAL(S))
(THE CHARTER COMPANY WILL NOT STOP FOR MEAL(S) WITHOUT HAVING THIS INFORMATION BEFORE LEAVING FOR YOUR TRIP. THIS INFORMATION IS INCLUDED IN THE COST OF YOUR CHARTER QUOTE).

Hotel for Driver – Be advised that it is the school's responsibility to reserve & pay for a separate room for the driver.

If there is more than 1 driver, each driver has his or her own room. See below:

Has the reservation been made? Yes / No

If yes, what is the confirmation # _____

If no, do you want the charter company to include the cost as a separate line item on your quote? Yes / No

Does or can the hotel accommodate charter bus parking? Yes / No