EXHIBIT ONE

REQUEST FOR BID

COMPLETED BY SCHOOL

Destination:	Dates:
School Name:	Trip Supervisor:
School Phone:	School Fax:
Arrival Time:	Return Time:
No. Students Transporting: No. C	haperones Transporting:
Departing / Return Location:	
Additional services, such as tours, meals, & lodg	ging (attach a Trip Itinerary):
Other Information	
COMPLETED BY CARRIER	
No. Buses:	No. Drivers:
A driver may not drive more than (10) hours without taking an (8 (15) hours (part time driving, part time non-driving time) withou	
Departure Time: (Beginning Trip)	Departure Time: (Departing Destination for return)
Number of miles of roundtrip:	
Total Trip Cost:	
Total Deposit Due	
Remainder Due By (Date)	

Submit to carrier with "Request for Bid"

Trip Itinerary (Scheduled Stops)

<u>Lc</u>	ocation	(Duration) <u>Time</u>	Purpose
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

NOTE: Please list each place you wish to stop or visit, duration and purpose of stop. Include all stops! (i.e. McDonald's, shopping malls, museums, etc.)