

Date Quote Received: _____

Date Quote Returned to Customer: _____

Manchester Public Schools Field Trip Transportation Request Form 2023-2024

Phone: 860-327-4445 Email: Doris.Dones@firstgroup.com and Robert.Phelps@firstgroup.com

School Representative complete the following:

School/Organization: _____

Today's Date: _____

Contact Name: _____

Contact Phone: _____

Contact Fax: _____

Trip Date: _____

Trip Destination: _____

Pick Up Time: _____

Return Time at School: _____

of Students: _____ # of Chaperones: _____

Name & Number for Teacher/Advisor on trip: _____

Purchase Order Number: _____

Special Requirements (car seat, seat belt, lift bus, etc.):

Additional Stops: _____

School/Department booking trips are responsible for payment! No exceptions!

First Student Quote:

Number of Buses: _____	_____	Cost per bus: _____	Total Cost: _____
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To Book Trip: Sign to approve and return with a purchase order to First Student and cc: Bwalz@mpspride.org

Additional Charges: Assessed for buses returning late for failure to depart event at **agreed** time.

Sign here if you approve all charges listed above and agree to the terms of this trip:

Signature _____ Date _____

