

THE SCHOOL BOARD OF VOLUSIA COUNTY  
TRAVEL AGENCY & TOUR OPERATOR SERVICES  
FOR EDUCATIONAL & EXTRACURRICULAR OUT OF STATE & INTERNATIONAL FIELD STUDIES



**SCHOOL DISTRICT QUOTE FORM**  
**EXTRA-CURRICULAR TRIP ITINERARY REQUEST/INFORMATION**

SCHOOL: \_\_\_\_\_  
PHONE #: \_\_\_\_\_/\_\_\_\_\_-\_\_\_\_\_  
SCHOOL/DEPARTMENT CONTACT: \_\_\_\_\_

TRIP DEPARTURE DATE: \_\_\_\_\_ ESTIMATED TIME: \_\_\_\_\_  
TRIP RETURN DATE: \_\_\_\_\_ ESTIMATED TIME: \_\_\_\_\_

NUMBER OF STUDENTS: \_\_\_\_\_ OVERNIGHT TRIP: YES NO  
NUMBER OF CHAPERONES: \_\_\_\_\_ CHARTER BUS: YES NO  
TOTAL: \_\_\_\_\_

**AGENDA SUMMARY** \_\_\_\_\_ - CLASS OF \_\_\_\_\_

DAY 1:

DAY 2:

DAY 3:

DAY 4:

DAY 5:

DAY 6:

**TOUR INCLUDES:**

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## COST PROPOSAL (to be completed by vendor)

VENDOR NAME (CHECK MADE PAYABLE TO): \_\_\_\_\_

STREET ADDRESS/PO BOX:: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

PHONE #: \_\_\_\_/\_\_\_\_-\_\_\_\_\_

FAX #: \_\_\_\_/\_\_\_\_-\_\_\_\_\_

E-MAIL: \_\_\_\_\_

WE ACCEPT VISA ( ) CHECK HERE

TYPE OF ENTITY: \_\_\_\_\_  
(PARTNERSHIP/UNINCORP; CORPORATION; INDIVIDUAL NON-DISTRICT; GOVERNMENT BODY; DISTRICT EMPLOYEE; NON-PROFIT; TEMPORARY REFUND; OTHER)

IF A CORPORATION:  
STATE INCORPORATED \_\_\_\_\_  
DATE INCORPORATED \_\_\_\_\_  
FL CORPORATE REGISTRY # \_\_\_\_\_

WE SUPPLY: PRODUCTS ( ) SERVICES ( ) Submit W-9

FEIN OR SOCIAL SECURITY NUMBER: \_\_\_\_\_

### TOUR COST BREAKDOWN PER STUDENT:

TRANSPORATION \$ \_\_\_\_\_

INCLUDES:

LODGING \$ \_\_\_\_\_

INCLUDES:

MEALS \$ \_\_\_\_\_

INCLUDES:

ATTRACTIONS \$ \_\_\_\_\_

INCLUDES:

MISCELLANEOUS: \$ \_\_\_\_\_

INCLUDES:

**TOTAL COST: \$ \_\_\_\_\_ / STUDENT**

### PAYMENTS DUE

1<sup>ST</sup> DEPOSIT: \$ \_\_\_\_\_ / PERSON

2<sup>ND</sup> DEPOSIT: \$ \_\_\_\_\_ / PERSON

FINAL PAYMENT: \$ \_\_\_\_\_ / PERSON

*(All-inclusive costs, including but not limited to ALL buses and must include cost of Driver, Insurance, Gratuity, Fuel, Tolls, Parking Fees, etc.), driver's lodging, gratuity, fuel, insurance, maintenance of buses, tolls, parking fees, videos and bathrooms, if applicable)*

VENDOR'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

SCHOOL ACCEPTANCE SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_

PURCHASING CARD PAYMENT TO FOLLOW: ☐

WILL PAY BY CHECK: ☐

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