

# Quote Request

Busing Services Authority Wide for 2015

**Quotes due January 23, 2015 @ 10:00 a.m.**

**Fax to Debbie Norkevicius at (412) 456-5007**

## SCOPE OF SERVICE

- Busing services to and from various HACP events, on an as needed basis to include school buses, motor coaches, passenger vans and handicapped accessible motor coaches and vans.
- Provide bus sizes as requested by HACP will vary per each event.
- Please no third party responses.
- School Bus \$\_\_\_\_\_ x 20 = \$\_\_\_\_\_ (total)
- Motor Coach \$\_\_\_\_\_ x 10 = \$\_\_\_\_\_ (total)
- Motor Coach Handicapped Accessible \$\_\_\_\_\_ x 15 = \$\_\_\_\_\_ (total)
- 15 Passenger Van \$\_\_\_\_\_ x 2 = \$\_\_\_\_\_ (total)
- 15 Passenger Van Handicapped Accessible \$\_\_\_\_\_ x 2 = \$\_\_\_\_\_ (total)
- Mileage \$\_\_\_\_\_/mile
- 10 Passenger Van \$\_\_\_\_\_
- 10 Passenger Van Handicapped Accessible \$\_\_\_\_\_

**Please contact Debbie Norkevicius at 412.456.5000 Ext. 8505 or  
Debbie.Norkevicius@HACP.org with any questions about the above scope.**

# Quote Request

Busing Services Authority Wide for 2015

(Due 1/23/15 @ 10:00 AM)

Total Bid Amount: \$ \_\_\_\_\_  
(Add the above totals amount)

Total Bid Amount: \_\_\_\_\_  
(in words)

Contract award will be based on lowest total bid amount  
(Please print clearly)

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(of company)

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_  
(of person signing)

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_