

# Quote Request

Busing Services Authority Wide for 2016

**Quotes due December 17, 2015 @ 1:00 pm**

**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 that will vary per each event.
- Vendor must be able to provide vehicles that can transport the required number of passengers requested.
- Please no third party responses.
- School Bus \$\_\_\_\_\_ Per Hour = \$\_\_\_\_\_ (total)
- Motor Coach \$\_\_\_\_\_ Per Hour = \$\_\_\_\_\_ (total)
- Motor Coach Handicapped Accessible \$\_\_\_\_\_ Per Hour = \$\_\_\_\_\_ (total)
- 15 Passenger Van \$\_\_\_\_\_ Per Hour = \$\_\_\_\_\_ (total)
- 15 Passenger Van Handicapped Accessible \$\_\_\_\_\_ Per Hour = \$\_\_\_\_\_ (total)

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 2016

Quotes due: 12/17/15 @ 1:00 PM

Total Bid Amount: \$\_\_\_\_\_

(Add the above totals amount)

Total Bid Amount: \_\_\_\_\_

(in words)

### Additional Pricing:

- Mileage \$\_\_\_\_\_/mile
- 10 Passenger Van \$\_\_\_\_\_
- 10 Passenger Van Handicapped Accessible \$\_\_\_\_\_

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: \_\_\_\_\_

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