

ATCHISON TRANSPORTATION SERVICES

Phone: 864-595-1234 Facsimile: 864-587-8072

Date Booked _____ **Charter #** _____ Date of Quote _____

Origin: _____	City _____	State _____

Destination: _____	City _____	State _____

Pick Up Date: _____	Pick Up Time _____	
Date Back In _____	Time Leaving _____	

Name of Organization: _____
 Address: _____
Contact Person _____
 Work Phone _____ Cell Phone _____
 Fax _____ Email _____

Total Charge: \$ _____
 Deposits: \$ _____
 \$ _____

Bus Size	()	()	Live		
Miles _____				= \$ _____	\$ _____
Deadhead Miles (SPT to pickup point) _____				= \$ _____	\$ _____
Hours _____	@ \$ _____			= \$ _____	\$ _____
Days (not 1 st or last day) _____	@ \$ _____			= \$ _____	\$ _____
Relay Driver _____	@ \$ _____			= \$ _____	\$ _____
Hotel _____	@ \$ _____			= \$ _____	\$ _____
Tolls / Parking Fees _____	@ \$ _____			= \$ _____	\$ _____
Fuel Surcharge _____	@ \$ _____			= \$ _____	\$ _____
Over 12 Hours _____	@ \$ _____			= \$ _____	\$ _____

Limo **Executive Sedan**

Bus Size Needed: 55 49 47 36
 Total Number of Passengers _____

= \$ _____ = \$ _____
Total Cost