

**CAPE MAY COUNTY SPECIAL SERVICES SCHOOL DISTRICT
TRANSPORTATION QUOTE REQUEST
ROUTE**

Date of Request:	Quote Due By:
School Destination:	Student Address:
School Hours:	Students Date of Birth:
Type of Vehicle/ Capacity: Type I, II or Type S	Telephone Number: Email Address:
Special Requirements/Equipment/ Other Notations:	
Route Type: Spec. Ed. / Homeless / Nonpublic / Vocational/ Public/CHOICE School/ DCP & P	Starting Date:

PLEASE NOTE: The direction of the vehicle from the last stop shall be along the safest most direct route to the destination. The contractor must submit a description of the actual streets traveled within 10 days of the start of the contract.

***** ROUTE WILL BE REBID IF NOT UNDER BID THRESHOLD *****

Submit your quote by email: sdever@cmcspecialservices.org & eheitzmann@cmcspecialservices.org
 Sharen Dever, Transportation Coordinator. Thank you.

CONTRACTOR'S COST INFORMATION

Contractor: _____

Quoted Cost Per Diem: _____

Quoted Cost Per Diem for Aide: + _____ (if applicable)

Total Per Diem Cost: _____

Mileage Increase/Decrease: _____

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