NIAGARA CATHOLIC DISTRICT SCHOOL BOARD

OFFSAA TRANSPORTATION REQUEST FORM

OFSAA Transportation Request form **together with three quotes** are to be scanned to the Superintendent of Program & Innovation

NAME OF SCHOOL	LOCATION
CO-CURRICULAR ACTIVITY	
DATES OF EVENT	
LOCATION OF EVENT	
TRAVEL INFORMATION (departure/arrival, mode of transportation requested)	
NUMBER OF STUDENTS PARTICIPATING	NUMBER OF STAFF PARTICIPATING

1. Attach three (3) proposals of total transportation costs from selected vendors.
2. Identify below the three vendors and transportation quote.
3. Indicated preferred vendor.

Vendor #1 _____ $_____

Vendor #2 _____ $_____

Vendor #3 _____ $_____

Preferred Vendor #_____

Signature of Principal_____ Date:_____

Approved Vendor _____ $_____

Approved by:_____ Date:_____
          Superintendent of Program & Innovation

Revised March 2018