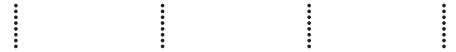


# Transportation Worksheet



Company: \_\_\_\_\_ Notes: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Address: \_\_\_\_\_  
WWW: \_\_\_\_\_

## *Bride and Father of the Bride* .....

Type of Car:

<input type="checkbox"/> Classic Car	Capacity: _____	Cost/hr: _____	Est. Hrs: _____	Total Cost: _____
<input type="checkbox"/> Limousine	Capacity: _____	Cost/hr: _____	Est. Hrs: _____	Total Cost: _____
<input type="checkbox"/> Town Car	Capacity: _____	Cost/hr: _____	Est. Hrs: _____	Total Cost: _____
<input type="checkbox"/> Horse & Carriage	Capacity: _____	Cost/hr: _____	Est. Hrs: _____	Total Cost: _____
<input type="checkbox"/> Other _____	Capacity: _____	Cost/hr: _____	Est. Hrs: _____	Total Cost: _____
<input type="checkbox"/> Own Car				

Make/Model: \_\_\_\_\_  
Purpose: \_\_\_\_\_  
Pick-Up Location: \_\_\_\_\_ Drop-off Location: \_\_\_\_\_  
Pick-up Time: \_\_\_\_\_ Drop-off Time: \_\_\_\_\_  
Driver's Name: \_\_\_\_\_ Driver's Cell Number: \_\_\_\_\_  
Special instructions: \_\_\_\_\_  
Overtime Rates: \_\_\_\_\_

## *Bridal Party* .....

Type of Car:

<input type="checkbox"/> Limousine	Capacity: _____	Cost/hr: _____	Est. Hrs: _____	Total Cost: _____
<input type="checkbox"/> Town Car	Capacity: _____	Cost/hr: _____	Est. Hrs: _____	Total Cost: _____
<input type="checkbox"/> Van	Capacity: _____	Cost/hr: _____	Est. Hrs: _____	Total Cost: _____
<input type="checkbox"/> Chartered Bus	Capacity: _____	Cost/hr: _____	Est. Hrs: _____	Total Cost: _____
<input type="checkbox"/> Other _____	Capacity: _____	Cost/hr: _____	Est. Hrs: _____	Total Cost: _____
<input type="checkbox"/> Own Cars				

Make/Model: \_\_\_\_\_  
Purpose: \_\_\_\_\_  
Pick-Up Location: \_\_\_\_\_ Drop-off Location: \_\_\_\_\_  
Pick-up Time: \_\_\_\_\_ Drop-off Time: \_\_\_\_\_  
Driver's Name: \_\_\_\_\_ Driver's Cell Number: \_\_\_\_\_  
Special instructions: \_\_\_\_\_  
Overtime Rates: \_\_\_\_\_

## *Guests* .....

Type of Car:

<input type="checkbox"/> Van	Capacity: _____	Cost/hr: _____	Est. Hrs: _____	Total Cost: _____
<input type="checkbox"/> Chartered Bus	Capacity: _____	Cost/hr: _____	Est. Hrs: _____	Total Cost: _____
<input type="checkbox"/> Rented Trolley	Capacity: _____	Cost/hr: _____	Est. Hrs: _____	Total Cost: _____
<input type="checkbox"/> Other _____	Capacity: _____	Cost/hr: _____	Est. Hrs: _____	Total Cost: _____
<input type="checkbox"/> Own Cars				

Make/Model: \_\_\_\_\_  
Purpose: \_\_\_\_\_  
Pick-Up Location: \_\_\_\_\_ Drop-off Location: \_\_\_\_\_  
Pick-up Time: \_\_\_\_\_ Drop-off Time: \_\_\_\_\_  
Driver's Name: \_\_\_\_\_ Driver's Cell Number: \_\_\_\_\_  
Special instructions: \_\_\_\_\_  
Overtime Rates: \_\_\_\_\_

Total Cost: \_\_\_\_\_  
Deposit: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Balance Due: \_\_\_\_\_ Date Paid: \_\_\_\_\_