



# J & M Vera School Bus Service, Inc.

2597 W 70 Street Hialeah, FL 33016  
Ph (305) 822-0615 Fax (305) 822-0507  
Email: [jose@veraschoolbus.com](mailto:jose@veraschoolbus.com)

## FIELD TRIP CONFIRMATION FORM

We are very pleased to provide you with our bus transportation services. We will try our best to accommodate you in all your bus service needs. To better do so, please read and fill out the following questions.

DATE OF TRIP: \_\_\_\_\_ NUMBER OF BUSES: \_\_\_\_\_

PICK UP AT (name & address): \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

DESTINATION 1 (name & address): \_\_\_\_\_  
\_\_\_\_\_

PICK UP TIME (at school): \_\_\_\_\_ AM \_\_\_\_\_ PM DEPARTURE TIME (from trip): \_\_\_\_\_ AM \_\_\_\_\_ PM

DESTINATION 2 (name & address if applicable): \_\_\_\_\_  
\_\_\_\_\_

DEPARTURE TIME (from 2<sup>nd</sup> stop): \_\_\_\_\_ AM \_\_\_\_\_ PM

Note: Additional stops must be scheduled prior to the date of the trip. An extra charge may be applied.

FORM OF PAYMENT: (please check all that apply)

DISTRICT P.O.  INTERNAL FUNDS  SCHOOL CHECK  CASH  OTHER

**PURCHASE ORDER NUMBER** \*: \_\_\_\_\_

\*A district PO or internal fund PO number is required prior to guaranteeing school bus service.

CONTACT NAME: \_\_\_\_\_ CONTACT EMAIL: \_\_\_\_\_

CONTACT PHONE NUMBER: \_\_\_\_\_ EXT. \_\_\_\_\_ CELL: \_\_\_\_\_

APPROVED BY:

\_\_\_\_\_  
Full Name Date

In lieu of a written signature J & M Vera School bus requires a unique identifier used only for verification purposes.

Month of Birth \_\_\_\_\_ Day of Birth \_\_\_\_\_

**Note:** A 48 hour cancellation notice is required or an additional charge may be applied. If a bus is cancelled after arriving at the pickup destination the full price may be applied. All cancellations **MUST** be in writing.

-----  
**J & M Vera use only**

Buses available: \_\_\_\_\_ Unit Cost: \$ \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_