

GOVERNMENT CHARTER COACH CERTIFICATE

DATE PREPARED:

COMPANY:				TO REPRESENTATIVE AT:			
PERSON IN CHARGE OF GROUP:					PHONE:		
FOR (INSERT IDENTITY OF GOVERNMENT GROUP):							
NUMBER OF PASSENGERS	REQUESTED	ACTUAL	BUSES REQUESTED NUMBER / CAPACITY /		BUSES ACTUALLY USED NUMBER / CAPACITY /		
FROM:			TO:			O.W.	R.T.
GOING LOADING POINT AND EXCEPTIONAL SERVICES REQUESTED			REPORT TIME		LEAVE DATE		
LIVE MILES ROUTE				DEADHEAD MILES ROUTE			
RETURN LOADING POINT AND EXCEPTION SERVICES REQUESTED			REPORT TIME		RETURN DATE		
ITINERARY		DATE	TIME	1. LIVE MILES _____ @ \$ _____ PER MILE = \$ _____ 2. DEADHEAD MILES _____ @ \$ _____ PER MILE = \$ _____ 3. TIME CHARGES _____ DAYS _____ HOURS = \$ _____ 4. SUBTOTAL \$ _____ 5. BRIDGE AND TUNNEL TOLLS \$ _____ 6. HIGHWAY TOLLS \$ _____ 7. OTHER (EXPLAIN) <div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px 0;"></div> \$ _____ 8. SUBTOTAL \$ _____ 9. LESS ALLOWANCE WHEN APPLICABLE _____ % OF LINE 4 = \$ _____ 10. TOTAL = \$ _____			
(1) Reason for furnishing larger equipment than necessary to handle number of people involved if that is done; (2) Any unusual circumstances or charge which may affect billing for service.							
Move Request Number (MRN):				INVOICE NUMBER:			
It is understood and agreed that the performance of the service detailed in this certificate is subject to all tariff provisions and such other arrangements as may be agreed upon not contrary not pertinent tariff rules and regulations.							
<p><i>To the best of the knowledge and belief of the undersigned carrier representative, the charter described above was the best arrangement which the Carrier was in a position to offer to the Government.</i></p> <p style="text-align: center;">CARRIER</p> <p>For the Carrier _____</p> <p style="text-align: center;"><i>Signature</i></p> <p>_____</p> <p>Print or type name</p>				<p><i>This certificate properly reflects the service actually performed and equipment used.</i></p> <p>MILITARY INSTALLATION OR GOVERNMENT ORGANIZATION</p> <p>ADDRESS</p> <p>CITY _____ STATE ____ ZIP _____</p> <p>DATE: _____</p> <p>BY _____</p> <p style="text-align: center;">(TRANSPORTATION OFFICER OR AGENT, RANK OR TITLE)</p>			

ORIGINAL (TO BE ATTACHED TO TRANSPORTATION REQUEST)