

TRANSPORTATION WORKSHEET

Option #1

Name:	Phone:
Type of Vehicle:	Cost Per Hour:
Minimum Hours:	Overtime Rate:

Option #2

Name:	Phone:
Type of Vehicle:	Cost Per Hour:
Minimum Hours:	Overtime Rate:

Option #3

Name:	Phone:
Type of Vehicle:	Cost Per Hour:
Minimum Hours:	Overtime Rate:

COMPANY CONTRACTED WITH: *Choice #* _____

TRANSPORTATION NEEDS

<i>Quantity</i>	<i>Description</i>	<i>Number of Hours</i>	<i>Cost per Hour</i>	<i>Total Cost</i>
_____	Limousines	_____	_____	_____
_____	Horsedrawn Carriages	_____	_____	_____
_____	Horsedrawn Sleighs	_____	_____	_____
_____	Antique Cars	_____	_____	_____
_____	Rental Cars	_____	_____	_____
_____	Trolley Car/Bus	_____	_____	_____
_____	Bus/Van	_____	_____	_____
_____	Boat/Gondola	_____	_____	_____
_____	Plane/Helicopter	_____	_____	_____
_____	Hot-air Balloon	_____	_____	_____
_____	Fire Engine	_____	_____	_____
_____	Other	_____	_____	_____

Total Cost _____

Deposits Paid _____

Balance Due _____