

To be used with commercial van/bus companies or other organization van/bus.

_____ **Transportation Company** will provide ____ vans/buses on
_____ (date) at a cost of \$ _____ per van/bus.

Total Cost \$ _____ .

Description _____

Bus Drivers

| | | | |
|-------|-------------|---------------------|-----------------|
| _____ | D.L.# _____ | Issuing State _____ | Exp. Date _____ |
| _____ | D.L.# _____ | Issuing State _____ | Exp. Date _____ |
| _____ | D.L.# _____ | Issuing State _____ | Exp. Date _____ |
| _____ | D.L.# _____ | Issuing State _____ | Exp. Date _____ |

I, the undersigned, provider of transportation, do provide proof of insurance to Girl Scouts-Moccasin Bend Council by attaching a copy of certificate of insurance to this agreement.

For Transportation Company

By: _____
Contractor

Date: _____

Girl Scouts of Moccasin Bend Council

By: _____
CEO

Date: _____

Certificates of Insurance attached