Weber State University
Fleet Management
Charter Bus Agreement

Upon entering into this agreement the chartering organization agrees to the following conditions;
To compensate the bus at a rate of,
• $40.00 per hour for local trips. There will be a 2 hour minimum for all trips.
  Local Trips are defined as no more than 8 hours and no longer distance than 60 miles from campus.

or
• $200.00 per day and $1.75 per mile driven for road trips.
• It will be the obligation of the chartering organization to provide lodging for the driver.
• The chartering organization will be charged "per diem" in accordance with the Weber State University travel schedule.
• The Chartering Organization shall provide a detailed itinerary at least one weeks in advance of the departure date.

The Shuttle Bus Services agree to have the bus available in a timely manner and provide safe efficient transportation to the desired location. The drivers will provide for refuse removal and maintaining the bus.
It will be the responsibility of the driver to determine if travel shall be cancelled due to inclement weather or other existing hazards. If the driver deems it unsafe to travel he will notify the Bus Manager to assist with alternative plans. If the traveling party determine they do not wish to travel and change the plans they will be required to cover any and all additional costs.

The bus shall operate within the rules and guidelines provided by the federal regulations governing the hours of service. This will restrict the driver to
• 10 hours of driving per day
• 15 hours of "on duty" time per day.

Buses shall be scheduled on a first come basis. It will be the decision of the bus manager to assign buses and drivers to each trip.
The bus service will not be responsible for items lost or damaged that are not a direct result of driver or bus negligence.

Upon signing you agree to the terms of this agreement,

__________________________  ________________________________________________
       Trip date(s) and times                        Trip Destination

__________________________  ____________________________  ____________________________
       Responsible Party          Organization Name          Cost Code              FOAPAL

phone number _________________________________
e-mail address ________________________________